



City Staff to complete this section
CASE NUMBER
DATE
TRACKING#

APPLICATION FOR SPECIFIC USE PERMIT
COMMUNICATION TOWERS - CHANGES ON EXISTING CELL TOWERS

- Application fee: \$350.00
All plans and surveys must be drawn to scale. All documents larger than 8-1/2" x 11" must be folded to that size.
Document submittals must consist of: An executed copy of the original lease and current lease extension between the tower owner and the co-locating cell phone company; a map showing the location of the tower; structural analysis by a licensed, professional engineer.

LOCATION AND STREET ADDRESS OF TOWER:

NAME OF APPLICANT: PHONE:
Person/Firm (Please Print)

ADDRESS: ZIP CODE:

EMAIL: FAX:

COMMUNICATION COMPANY REP: PHONE:

COMPANY ADDRESS: ZIP CODE:

EMAIL: FAX:

TOWER OWNER: PHONE:

OWNER ADDRESS: ZIP CODE:

EMAIL: FAX:

REAL PROPERTY OWNER: PHONE:

OWNER'S ADDRESS: ZIP CODE:

EMAIL: FAX:

COUNTY: QUARTER SECTION:

SECTION/TOWNSHIP/RANGE:

LEGAL DESCRIPTION OF TRACT (May be attached):

TOWER HEIGHT: ADDITIONAL HEIGHT BEING REQUESTED:

RELATED CASE NUMBERS:

LOCATION AND STREET ADDRESS OF TOWER: \_\_\_\_\_

SPECIFIC DESCRIPTION OF EQUIPMENT REPLACEMENT OR ADDITION: \_\_\_\_\_

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SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

(TYPE OR PRINT NAME OF APPLICANT): \_\_\_\_\_

SIGNATURE OF COMMUNICATIONS REP: \_\_\_\_\_ DATE: \_\_\_\_\_

(TYPE OR PRINT NAME OF APPLICANT): \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

(TYPE OR PRINT NAME OF APPLICANT): \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

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DATE REC'D \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ FEE: \_\_\_\_\_

Received Date  
(Date Stamp Here)

**GUIDELINES FOR SUBMITTAL OF  
AN APPLICATION FOR A SPECIFIC USE PERMIT (SP) RELATED TO A NEW CO  
LOCATION,UPGRADE OF EQUIPMENT OR TO REQUEST OTHER CHANGES ON AN  
EXISTING COMMUNICATION TOWER(S)  
CITY OF BROKEN ARROW, OKLAHOMA**

- APPLICATION FEE OF \$350.00 IS TO BE SUBMITTED WITH THE COMPLETED APPLICATION.
- THE APPLICATION IS TO BE SIGNED BY THE APPLICANT, A REPRESENTATIVE OF THE COMMUNICATIONS FIRM FOR WHOM THE UPGRADE IS BEING REQUESTED AND THE OWNER OR AN OFFICER OF THE COMPANY WHO OWNS THE REAL ESTATE ON WHICH THE TOWER IS LOCATED. THE NAME AND THE POSITION OF EACH PERSON WHO SIGNS THE APPLICATION MUST BE CLEARLY PRINTED IN ADDITION TO THEIR SIGNATURES.
- IF AN OWNER OF THE REAL PROPERTY MAY NOT BE AVAILABLE TO SIGN THE APPLICATION, A COPY OF THE **ATTACHED** FORM NEEDS TO BE COMPLETED AND SUBMITTED WITH THE APPLICATION BEARING THE FOLLOWING FOR THE REAL PROPERTY OWNER.
  - A. THE NAME AND POSITION OF AN OWNER OR OFFICER
  - B. THE NAME AND POSITION OF THE PERSON BEING AUTHORIZED TO SIGN THE APPLICATION
- USE BROKEN ARROW STREET ADDRESSES ONLY TO IDENTIFY THE LOCATION OF A TOWER
- THE COMPLETED APPLICATION IS TO BE ACCOMPANIED BY THE FOLLOWING:
  - A. AN EXECUTED COPY OF THE ORIGINAL LEASE AND CURRENT LEASE EXTENSION BETWEEN THE TOWER OWNER AND THE CO-LOCATING CELL PHONE COMPANY
  - B. MAP SHOWING THE LOCATION OF THE TOWER
  - C. A STRUCTURAL ANALYSIS MUST BE SUBMITTED BY A LICENSED ENGINEER OR COMPANY.

**For further information, please call the Planning & Development Division of the Community Development Department at 918- 259-8412. Applicants can also visit the City’s web site at: [www.brokenarrowok.gov](http://www.brokenarrowok.gov)**

**CITY OF BROKEN ARROW, OKLAHOMA  
FORM AUTHORIZING OWNER'S REPRESENTATIVE TO SIGN CITY  
APPLICATIONS ON BEHALF OF OWNER(S)**

If an owner wishes a representative to sign an application in his or her place, please complete this form, have it notarized and return it with the application to the Community Development Department.

City Case Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Size/Acres: \_\_\_\_\_

I, OWNER of REAL property located at:

\_\_\_\_\_  
Address or General Location (Print) Broken Arrow, Oklahoma

Hereby authorize:

\_\_\_\_\_  
Name of authorized person (Print)

to sign application forms and papers related to the project, at the above location, on my behalf.

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF AUTHORIZED REPRESENTATIVE:** \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Below for Notary Use ONLY**

\_\_\_\_\_ appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
(Owner printed name)

Notary Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Commission #: \_\_\_\_\_

\_\_\_\_\_ appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
(Authorized Person printed name)

Notary Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Commission #: \_\_\_\_\_