



# SIGN APPLICATION FOR PLAN EXAMINATION

Application Number \_\_\_\_\_

Date Approved \_\_\_\_\_ By \_\_\_\_\_

Project Name \_\_\_\_\_

Location Address \_\_\_\_\_ Zoning \_\_\_\_\_ County \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

|   |  |
|---|--|
| <b>Permit Type</b><br><input type="checkbox"/> New Sign <input type="checkbox"/> Replace Copy <input type="checkbox"/> Removal <input type="checkbox"/> Construction Sign   |  |
| <b>Existing Signs</b><br>Number of Business on Lot/Center: _____<br><input type="checkbox"/> Ground _____ <input type="checkbox"/> Wall _____ <input type="checkbox"/> Projecting _____ <input type="checkbox"/> Digital _____ <input type="checkbox"/> Animated/Scrolling _____  |  |
| <b>Proposed Signs</b><br><input type="checkbox"/> Ground _____ <input type="checkbox"/> Wall _____ <input type="checkbox"/> Projecting _____ <input type="checkbox"/> Digital _____ <input type="checkbox"/> Animated/Scrolling _____   |  |
| <b>Dimensions</b><br>Sign Face Height _____ Width _____ Total Square Feet _____                      Setback from Street Center Line _____ ft<br>Sign Height Above Grade (to top of sign) _____ ft    Setback from Intersection Center Line _____ ft  |  |
| <b>Requirements</b><br>(3) Site plans must show property lines, building positions, all distances from structures to lot lines, utility easements and proposed sign location<br>See Manual of Fees for permit costs by size/type  |  |
| <b>Restrictions</b><br>- Signs are not permitted in the right-of-way.<br>- If proposed sign is to be located within a utility easement (U/E), all utility companies and the City must give prior approval.<br>See page 2<br>- No ground signs within 35 feet from another ground sign   |  |
| <b>Authorization</b><br><i>I hereby certify that the proposed work is authorized by the owner of record.</i><br>Owner/Lessee _____ Phone # _____ Fax # _____<br>Address _____ City, State, Zip _____<br>Cell Phone # _____ Email _____<br>Owner Signature _____ Date _____  |  |
| <b><i>I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws and jurisdiction.</i></b><br>Applicant _____ Phone # _____ Fax # _____<br>Address _____ City, State, Zip _____<br>Cell Phone # _____ Email _____<br>Applicant Signature _____ Date _____<br>PLEASE CALL _____ WHEN PERMIT IS READY FOR PICK UP Phone# _____ |  |
| <b>Contractor Names-All contractors must registered with the City of Broken Arrow</b><br>General Contractor _____ Phone # _____<br>Electrical _____ Phone # _____   |  |



**BROKEN ARROW**

*Where opportunity lives*

## UTILITY COMPANIES MUST FILL OUT THIS FORM

**AEP/PSO: Tyler Devereux**

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Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Windstream: Angela Rahe**

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Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ONG: James Nobles**

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Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COX: Justin Rich**

Phone: 918.286.4245

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Email: [justin.rich@cox.com](mailto:justin.rich@cox.com)

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City of BA Jerry Hanewinkel**

Phone: 918.259.2400 EX 7426

Email: [jhanewinkel@brokenarrowok.gov](mailto:jhanewinkel@brokenarrowok.gov)

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Other: Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_