



APPLICATION FOR CLOSINGS, VACATIONS AND/OR ENCROACHMENTS

APPLICATION IS HEREBY MADE TO THE CITY OF BROKEN ARROW TO CONSIDER ONE OF THE FOLLOWING:

CHOOSE (1) CLOSURE: _____ ENCROACHMENT: _____ VACATION: _____

CHOOSE (1) EASEMENT: _____ RIGHT OF WAY: _____ PLAT: _____

Property Location: _____

Legal Description: _____
Subdivision Lot Block

Parcel number: _____

Plat name* (if applicable): _____

*If unplatted: Attach legal description and electronic legal description in WORD format

Project Details (Include-purpose of project, why the request, new proposal, etc.):

Blank lines for project details

Applicant (Name & Company): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Property Owner(s) of Record: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

(TYPE OR PRINT NAME OF APPLICANT SIGNING): _____

Check box if attaching owner's signature authorization form

SIGNATURE OF PROPERTY OWNER(S): _____ DATE: _____

(PRINT NAME OF OWNER(S) SIGNING): _____



APPLICATION FOR CLOSINGS, VACATIONS AND/OR ENCROACHMENTS

UTILITY COMPANY REVIEW FOR:

CHOOSE (1) CLOSURE: _____ DEDICATION: _____ VACATION: _____

CHOOSE (1) EASEMENT: _____ RIGHT OF WAY: _____ PLAT: _____

Applicant (Name & Company): _____

Phone: _____ Email: _____

Property Location: _____

Legal Description: _____
Subdivision Lot Block

Parcel number: _____

Plat name* (if applicable): _____

*If unplatted: Attach legal description and electronic legal description in WORD format

AEP/PSO: Mark Payton Signature: _____
Phone: 918.599.2272 Comments: _____
Fax: 918.599.3266 _____
Email: mspayton@aep.com _____

Windstream: Johnnie Patton Signature: _____
Branden Goad Comments: _____
Phone: 918.451.3427 _____
Email: johnnie.patton@windstream.com or branden.goad@windstream.com

ONG: Chandler Erdson Signature: _____
Phone: 918.831.8221 Comments: _____
Fax: 918.831.8250 _____
Email: chandler.erdson@onegas.com _____

COX: Chris Long Signature: _____
Phone: 918.286.4542 Comments: _____
Fax: 918.286.4018 _____
Email: chris.long@cox.com _____

City of BA Jerry Hanewinkel Signature: _____
Phone: 918.259-2400 EX 7426 Comments: _____
Email: jhanewinkel@brokenarrowok.gov _____

GUIDELINES FOR SUBMITTAL OF APPLICATION FOR: ENCROACHMENT(S); CLOSING/VACATING AN EASEMENT(S), RIGHT-OF-WAY(S); VACATION OF PLAT

Confirm the following was submitted with application, *incomplete applications will not be processed:*

- Parcel number (required-obtain from County Tax Bill)
- Detailed description of reason for request (PDF or hard copy and word doc./email)
- Original Legal documents signed and executed by all relevant parties (templates available upon request)
 - All documents with legal descriptions must have stamp and *original signatures* of licensed Land Surveyor
 - All signatures, seals, and stamps must not encroach into the 1 (one) inch margins on documents
- Survey depicting the entire property
 - Survey of entire easement, encroachment or right-of-way
 - Survey of portion to be closed and/or vacated or encroached
- Location Map using Broken Arrow Street names
- Legal description AND address of the subject property
- Legal description of entire easement, encroachment and/or public right-of-way
- Legal description of the portion of the easement, encroachment and/or right-of-way requested to be closed and /or vacated, or encroached
 - Legal descriptions must be submitted (email) in WORD format
 - Email PDF's AND required word doc as requested per application (ayamaguchi@brokenarrowok.gov)

Fee: Per Manual of Fees)

Closure of Easement(s) and Right of Way:

- \$1,000.00 (non-refundable) for proposed construction
- \$1,000.00 (non-refundable) for existing encroachments
- \$1,000.00 (non-refundable) for General

Encroachment Agreement:

- \$500.00 (non-refundable)

Vacation of Plat:

- \$1,000.00 (non-refundable)

Notice of Easement or Right of Way Closing: \$6.00 per mailing (when applicable)

CITY STAFF TO COMPLETE THIS SECTION

REC'D BY: _____ FEE: _____ RECEIPT NO. : _____

PROJECT NAME (IF APPLICABLE): _____

CITY COUNCIL DATE: PREVIEW ORDINANCE: _____ ORDINANCE: _____

Received Date

(Date Stamp Here)

NOTES: _____