



APPLICATION FOR DEDICATIONS

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

DEDICATION OF: EASEMENT: _____ RIGHT OF WAY: _____ OR OTHER: _____

Property Location: _____

Legal Description: _____
Subdivision Lot Block

Parcel number: _____

Plat name* (if applicable): _____

Project name _____

*If unplatted: Attach legal description

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

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): _____



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GUIDELINES FOR SUBMITTAL OF APPLICATION FOR DEDICATION OF AN EASEMENT(S), RIGHT-OF-WAY(S) OTHER

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, or right-of-way or other dedication
 - Survey of portion to be dedicated
- Location Map using Broken Arrow Street names
- Legal description AND address of the subject property
- Legal description of entire dedication
- PDF's AND required word doc's as requested per application (this may be emailed to Staff)
- **Fee:** Per Manual of Fees, there are currently no fees for dedications by separate instrument

CITY STAFF TO COMPLETE THIS SECTION

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

PROJECT NAME (IF APPLICABLE): _____

CITY COUNCIL DATE: _____

Received Date

(Date Stamp Here)

NOTES:
