

Application for Right-of-way / Easement

Closure or Encroachment Agreement

APPLICATION IS HEREBY MADE T	O THE CITY OF TULSA	TO CONSIDER THE FOLLOWING:
CHOOSE (1) CLOSURE:	ENCROAC	HMENT:
CHOOSE (1) RIGHT-OF-WAY:	EASEMENT:	AIR SPACE:
County Assessor Parcel Number	er:	Zoning:
Property Location:		
Legal Description: Subdivision:		Plat No.:
Lot:	Block:	
Section: Township:	Range:	
IF UNPLATTED ATTACH LEGAL DE	SCRIPTION.	
Applicant Name:		
Applicant Company:		
Applicant D.B.A.:		
Address:		
City: Sta		Zip:
Phone:	Email:	
Secondary Point of Contact:		
Phone:	Email:	
Property Owner(s)of Record:		
Address:		
City:		Zip:
Phone:	Email:	
	Signatures	
Applicant:		Date:
Property Owner(s):		
		Date:



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Explanation of necessity for closing right-of-way or easement or for encroaching into the right-of-way or easement.

REQUIRED - Legal Description with a Plat of Survey for all closings. For Encroachments a digital sketch delineating the described request, showing all data pertinent to the property (refer to application instructions).



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City of Tulsa Application Receipt

Application No:		(use for tracking)
Received By:		
Check No:	_ Online Payment Confirmation No:	
	Received Date Stamp	
	1.0001.00 Dates Comp	
Notes:		
	Signatures	
	bignacaros	
Development Of many		D-1
COT Staff Signature:		Date: