

APPLICATION FOR RIGHT-OF-WAY/EASEMENT CLOSURE OR ENCROACHMENT AGREEMENT



Application is hereby made to the City of Tulsa to consider the following:

Choose one: Closure Encroachment

Choose one: Right-of-Way Easement Air Space

County Assessor Parcel Number: _____ Zoning: _____

Property Location: _____

Legal Description:

Subdivision: _____ Plat No.: _____

Lot: _____ Block: _____

Section: _____ Township: _____ Range: _____

If unplatted, attach legal description.

Applicant Name: _____

Applicant Company: _____

Applicant D.B.A.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Secondary Point of Contact: _____

Phone: _____ Email: _____

Property Owner(s) of Record: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signatures:

Applicant: _____ Date: _____

Property Owner(s): _____ Date: _____

_____ Date: _____

_____ 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).

Type required explanation here.

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This page must be filled out if applying for Construction Agreement, License Agreement, or Public Property Use/Occupancy Permit.

Property Owner(s) of Record: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Ownership:

Choose one of the following and list the name(s) of signee(s):

Individual(s) Signee(s): _____

State person(s) name and title that has authority to sign.

Corporation Signee(s): _____

Title: Attorney-in-Fact President Vice President Chairman of the Board of Directors Vice-Chairman of the Board of Directors

Limited Liability Company (LLC) Signee(s): _____

Title: Manger Member/Manger Managing Member of LLC

Trust Signee(s): _____

Trustee of the Trust.

Other Signee(s): _____

Title: _____

State person(s) name and title that has authority to sign.

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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

Notes:

Signatures:

Applicant: _____ Date: _____

COT Staff Signature: _____ Date: _____