

APPLICATION FOR CLOSINGS, VACATIONS AND/OR ENCROACHMENTS

APPLICATION IS HEREBY N	IADE TO THE CITY (OF BROKEN ARROW TO	CONSIDER ONE	OF THE FOLLOWING
CHOOSE (1) CLOSURE:	ENCR	OACHMENT:	VACATIO	N:
CHOOSE (1) EASEMENT:		OF WAY:	PLAT:	\checkmark
Property Location: 24055 East I	∃ighway 51			
Legal Description: BOL Addition	Lot 1 Block 1		1,42	
Subdi Parcel number: 730082933	ivision	Lot	Block	120
Plat name* (if applicable): BOL	. Addition			
*If unplatted: Attach legal desc		c legal description in W	ORD format	
Project Details (Include-purpose We are proposing to vacate the existing pl				& Go Convenience Store
Applicant (Name & Company): Address: 550 St. Louis Street City: Springfield	Cameron Smith, Olss	son Associates State: Missouri	Zin	. 65806
Phone: 417-890-8802		Fax: 4		•
Email: csmith@olssonassociates	s.com			
Property Owner(s) of Record:	Nick Halfhill, Kum & C	Go		
Address: 6400 Westown Parkwa	ay			<u> </u>
City: West Des Moines		_ State: lowa		50266
Phone: 515-457-6290		Fax: 515-223-9873		
Email: Nick.Halfhill@kumandgo.com				
SIGNATURE OF APPLICANT:	Cla	V	DATE: <u>12/</u>	2/15
(TYPE OR PRINT NAME OF A		G): Cameron Smi	th	
☐ CHECK BOX IF ATTACHIN	G OWNER'S SIGN	ATURE AUTHORIZAT	ION FORM	
SIGNATURE OF PROPERTY	OWNER(S): %		co-Nick DATE:	
(PRINT NAME OF OWNER(S)		Date 5013 15 95 00 47 13 -00 0		



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): Cameron Smith, Olsson Associates							
Phone: 417-890-8802 Email: csmith@olssonassociates.com							
Property Location: 24055 East Highway 51							
Legal Description: BOL Addition Lot 1 Block 1							
Parcel number	Subdivision	Lot	Block				
	applicable): BOL Addition						
		lectronic legal description in WORD f					
AEP/PSO: Mark Butler		Signature:					
	Phone: 918.599.2351	Comments:	No. 705 (157 - 205) (26 - 25 - 251)				
	Fax: 1.866,599,3226						
	Email: mabutler@aep.com	$ \Omega$					
Windstream: Angela Rahe		Signature: Ingulate	A solution				
	Phone: 918,451.3427	Comments:					
	Fax: 918.451.1865						
	Email: Angela.rahe@windstream.com						
ONG:	James Nobles	Signature:					
	Phone: 918.831.8267	Comments:					
	Fax: 918.831.8250						
	Email: James.nobles@onegas.com						
COX:	Kevin Catlett	Signature:					
	Phone: 918.286.4658	Comments:					
	Fax: 918.286.4018						
	Email: kevin.catlett@cox.com	<u> </u>					
City of BA	Barney Campbell	Signature:					
	Phone: 918.259-2400 EX 7426 Comments:						
	Email: bcampbell@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:

oominin the following was submitted with application, incomplete appli	cuttoris will flot 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 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 (mhilton@brokenarrowok.gov)					
Fee: Per Manual of Fees Closure of Easement(s) and Right of Way:					
DATE REC'D:	Received Date (Date Stamp Here)				