



# Community Development Department

Planning Division  
Plat Vacation Application

200 S MAIN • P.O. BOX 180 • OWASSO, OKLAHOMA 74055 • (918) 376-1500 • [planning@cityofowasso.com](mailto:planning@cityofowasso.com)

## PLAT VACATION APPLICATION

### FOR OFFICE USE ONLY

Case Number:	
Date Received:	
TAC Date:	
PC Date:	
CC Date:	
Fee Paid (\$300.00)	

### CONTACT INFORMATION

PROPERTY OWNER NAME:

PHONE:

OWNER ADDRESS:

STREET

CITY

STATE

ZIP

OWNER EMAIL:

APPLICANT NAME:

PHONE:

(If different than owner)

APPLICANT ADDRESS:

STREET

CITY

STATE

ZIP

APPLICANT EMAIL:

ENGINEER/DESIGN FIRM:

PHONE:

FIRM ADDRESS:

STREET

CITY

STATE

ZIP

FIRM EMAIL:

### PROPERTY INFORMATION

LEGAL DESCRIPTION: (Please provide digital copy as a Word document with application)

PROPERTY ADDRESS:

STREET

CITY

STATE

ZIP

SUBDIVISION OR DEVELOPMENT NAME:

COUNTY:

ACREAGE:

SQUARE FOOTAGE OF BUILDING(S):



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CURRENT ZONING:

OWASSO LAND USE MASTER PLAN DESIGNATION:

PROPOSED ZONING/USE:

**PLAT VACATION INFORMATION**

TOTAL LOTS ON THE ORIGINAL FILED PLAT:

TOTAL LOTS REQUESTING TO BE VACATED:

TOTAL ACREAGE TO BE VACATED IN THE SUBDIVISION:

APPROXIMATE ACRES OF RIGHT-OF-WAY TO BE VACATED:

REASON FOR THE VACATION: (Please attach this information)

**SUBMITTAL**

Please submit this completed application form with all required items to the Owasso [Planning Division](#). Applicants must submit a paper copy of all materials to Owasso City Hall **and** an electronic copy of all materials to [planning@cityofowasso.com](mailto:planning@cityofowasso.com). Incomplete applications will not be accepted. Applications are due on or before the 1<sup>st</sup> of the month to be eligible for addition to that month's Technical Advisory Committee (TAC) meeting agenda. After TAC review, the application is included on the agendas for the next [Planning Commission](#) and [City Council](#) meetings. The applicant or the applicant's representative must attend the Technical Advisory Committee, Planning Commission, and City Council meetings.

**SIGNATURES**

I, \_\_\_\_\_ (applicant name), hereby certify that the attached and completed application contains the information required by the City of Owasso as specified above. I understand the submission of incomplete and inaccurate information may result in a delay in processing and action on this application.

Signature of Applicant:

Date:

Signature of Property Owner:

Date:

*The property owner must sign the application or it will not be processed.*

**FOR OFFICE USE ONLY**

Staff Signature:

Date:

Staff Comments: