



Community Development Department

**Planning Division
Replat Application**

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

REPLAT APPLICATION

FOR OFFICE USE ONLY

Case Number:	
Date Received:	
TAC Date:	
PC Date:	
CC Date:	
Fee Paid (\$500.00)	

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/DEVELOPMENT NAME:

COUNTY:

ACREAGE:



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SQUARE FOOTAGE OF BUILDING(S):

CURRENT ZONING:

OWASSO LAND USE MASTER PLAN DESIGNATION:

PROPOSED USE:

REPLAT INFORMATION

TOTAL LOTS ON THE ORIGINAL FILED PLAT:

TOTAL LOTS REQUESTING TO BE REPLATTED:

TOTAL ACREAGE TO BE REPLATTED IN THE SUBDIVISION:

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

REASON FOR THE REPLAT: (You may 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. Incomplete applications will not be accepted. Applications are due on or before the 1st 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.



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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.

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Staff Signature:

Date:

Staff Comments: