



**PERMANENT SIGN**  
**APPLICATION FOR PLAN EXAMINATION**

Application Number \_\_\_\_\_

Date Approved \_\_\_\_\_ By \_\_\_\_\_

Project Name \_\_\_\_\_

Location Address \_\_\_\_\_ Zoning \_\_\_\_\_ County \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**Permit Type**

New Sign     Replace Copy     Removal

**Existing Signs**

Number of Business on Lot/Center: \_\_\_\_\_

Ground \_\_\_\_\_     Wall \_\_\_\_\_     Projecting \_\_\_\_\_     Digital \_\_\_\_\_     Animated/Scrolling \_\_\_\_\_

**Proposed Signs**

Ground \_\_\_\_\_     Wall \_\_\_\_\_     Projecting \_\_\_\_\_     Digital \_\_\_\_\_     Animated/Scrolling \_\_\_\_\_

**Dimensions**

Sign Face Height \_\_\_\_\_ Width \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Setback from Street Center Line \_\_\_\_\_ ft

Sign Height Above Grade (to top of sign) \_\_\_\_\_ ft

Setback from Intersection Center Line \_\_\_\_\_ ft

**Requirements**

(3) Site plans must show property lines, building positions, all distances from structures to lot lines, utility easements and proposed sign location

See Manual of Fees for permit costs by size/type

**Restrictions**

-Signs are not permitted in the right-of-way.

-If proposed sign is to be located within a utility easement (U/E), all utility companies and the City must give prior approval. See page 2

-No ground signs within 35 feet from another ground sign

**Authorization**

*I hereby certify that the proposed work is authorized by the owner of record.*

Owner/Lessee \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws and jurisdiction.*

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE CALL \_\_\_\_\_ WHEN PERMIT IS READY FOR PICK UP Phone# \_\_\_\_\_

**Contractor Names-All contractors must registered with the City of Broken Arrow**

General Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Electrical \_\_\_\_\_ Phone # \_\_\_\_\_



**BROKEN ARROW**

*Where opportunity lives*

## UTILITY COMPANIES MUST FILL OUT THIS FORM

**AEP/PSO: Tyler Devereux**

Phone: 918.599.2488

Fax: 918.599.3266

Email: [thdevereux@aep.com](mailto:thdevereux@aep.com)

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Windstream: Angela Rahe**

Phone: 918.451.3427

Fax: 918.451.1865

Email: [Angela.rahe@windstream.com](mailto:Angela.rahe@windstream.com)

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ONG: James Nobles**

Phone: 918.831.8267

Fax: 918.831.8250

Email: [James.nobles@onegas.com](mailto:James.nobles@onegas.com)

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COX: Justin Rich**

Phone: 918.286.4245

Fax: 918.286.4018

Email: [justin.rich@cox.com](mailto:justin.rich@cox.com)

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**City of BA Barney Campbell**

Phone: 918.259.2400 EX 7426

Email: [bcampbell@brokenarrowok.gov](mailto:bcampbell@brokenarrowok.gov)

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Other: Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_