



**CITY OF BROKEN ARROW
ENGINEERING DESIGN CRITERIA
VARIANCE REQUEST**

VR _____ - _____

Project Title: _____ S-T-R _____ - _____ - _____

APPLICANT FIRM: _____ SUBMITTAL DATE: ____/____/____

CONTACT NAME: _____

CONTACT E-MAIL: _____

CONTACT PHONE: ____ - ____ - ____

APPLICANT TO ATTACH EXHIBITS OR PLANS SUPPORTING REQUEST

1.0 Engineering Design Criteria Regulation Section(s)/Number(s)-

2.0 Specific Reason(s) for Variance Request-

3.0 Engineers Recommendation to Resolve Conflict-

Applicant Signature

Date



**CITY OF BROKEN ARROW
ENGINEERING DESIGN CRITERIA
VARIANCE REQUEST**

VR _____ - _____

4.0 Community Development - Lead Engineer Recommendation-

Reviewer Signature

Date

5.0 Engineering & Construction Review Recommendation-

Reviewer Signature

Date

Engineering & Construction Director Recommendation

Approval Denial

Conditions of Approval or Denial _____

E&C Signature

Date

City Manager or Designee Determination

Approval Denial

Conditions of Approval or Denial _____

CM Signature

Date