



110 North Broadway - PO Box 399 - Skiatook, OK 74070
(918) 396-2797 Office - (918) 396-3300 Fax

APPLICATION FOR DETACHMENT

THE APPLICANT (PROPERTY OWNERS) HEREBY PETITIONS THE PLANNING COMMISSION OF THE CITY OF SKIATOOK TO DETACH FROM THE CITY OF SKIATOOK CERTAIN REAL PROPERTY, BY ORDINANCE TO BE ADOPTED PURSUANT TO ORD. 2-2-4. SAID PROPERTY PETITIONED FOR DETACHMENT IS MORE PARTICULARLY DESCRIBED AS FOLLOWS: (ATTACH IF NECESSARY)

ASSESSOR PARCEL NUMBER:

PROPERTY OWNERS:

NAME:
MAILING ADDRESS:
TELEPHONE NUMBER:
SIGNATURE:

NAME:
MAILING ADDRESS:
TELEPHONE NUMBER:
SIGNATURE:

NAME:
MAILING ADDRESS:
TELEPHONE NUMBER:
SIGNATURE:

FILING REQUIREMENTS

COMPLETE APPLICATION FORM: IN ORDER TO BEGIN PROCESSING THE APPLICATION, AN APPLICATION FORM MUST BE COMPLETED AND SIGNED.

FEE: THE \$75.00 FILING FEE SHALL BE PAID IN FULL AT THE TIME THE APPLICATION IS HANDED IN.

DETACHMENT MAP: A DETACHMENT MAP OF THE AREA PROPOSED FOR DETACHMENT, SIGNED BY A PROFESSIONAL LAND SURVEYOR OR ENGINEER LICENSED IN THE STATE OF OKLAHOMA, MUST BE PROVIDED.

LEGAL DESCRIPTION: A COMPLETE LEGAL DESCRIPTION OF ALL PROPERTY PROPOSED FOR DETACHMENT MUST BE PROVIDED.

NOTE: TEN (10) SETS OF SITE AND GENERAL LOCATION MAPS MUST ACCOMPANY THE APPLICATION AND INCLUDE PROPOSED ACREAGE TO BE DETACHED AND THE LENGTH OF COMMON BOUNDARY WITH THE CORPORATE LIMITS OF THE CITY. AS AN ALTERNATIVE, ONE (1) SET OF REPRODUCIBLE MAPS EITHER 8 1/2" X 11" OR 11' X 17" IN SIZE, MAY BE SUBMITTED.

OTHER INFORMATION: THE APLICANT IS ENCOURAGED TO SUBMIT OTHER INFORMATION AND DOCUMENTATION TO SUPPORT THE DETACHMENT REQUEST.

1. IDENTIFY THE EXISTING ZONING CLASSIFICATION OF THE PROPERTY:

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2. EXPLAIN IN DETAIL THE TYPE AND NATURE OF THE EXISTING USE OF THE PROPERTY AND REASONS FOR DETACHMENT:

3. IDENTIFY ANY UNIQUE PHYSICAL FEATURES OR CHARACTERISTICS ASSOCIATED WITH THE PROPERTY:

4. IDENTIFY THE TYPE AND EXTENT OF EXISTING CITY INFRASTRUCTURE ASSOCIATED WITH THE PROPERTY SUCH AS STREETS, SEWER, AND WATER SERVICE.

I, THE APPLICANT(S) (OR AUTHORIZED AGENT OR EMPLOYER OF APPLICANT) BEING FIRST DULY SWORN DEPOSES AND SAYS THAT ALL OF THE ABOVE STATEMENTS CONTAINED IN THIS DOCUMENT SUBMITTED HERewith ARE TRUE AND AS TO THOSE MATTERS STATED ON INFORMATION AND I BELIEVE THE SAME TO BE TRUE.

PROJECT REPRESENTATIVE/ CONTACT PERSON:

NAME:	
ADDRESS:	
PHONE #:	
FAX #:	

SIGNATURE OF APPLICANT:

PRINT NAME:

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OFFICE USE ONLY

FILE NUMBER:	
DATE FILED:	
FEE PAID:	
