

**APPLICATION FOR
PRIVATELY FINANCED PUBLIC IMPROVEMENTS
PERMIT
City of Bixby
116 West Needles
Bixby, Oklahoma 74008**

Name of Applicant: _____

Address of Applicant: _____

Description and Location of Improvements: (Describe location of improvements by type, e.g., streets, storm sewers, etc.; size of improvements by length, area, etc.; and identify engineering firm which prepared plans)

Duration in calendar days for which permit is requested: _____

Estimated total cost of improvement: _____

(Note: Failure to complete improvements in the time allowed by the permit may result in legal action against you by the City. Good cause must be shown for extensions).

CONDITIONS OF ISSUANCE

The applicant agrees in filing this application to comply with all provisions of the City of Bixby Ordinances, Subdivision Regulations, Design Criteria, Engineering Standards, Policies and Procedures applicable to construction work in the City of Bixby, as enacted and in effect on the date of issuance of the permit.

Date: _____

Applicant

ATTEST: _____

By: _____
Authorized Agent

Corporate Seal

(Applicant must submit three completed copies of this application)
