



**OKLAHOMA COUNTY  
PLANNING DEPARTMENT  
320 ROBERT S. KERR, SUITE 201  
OKLAHOMA CITY, OKLAHOMA 73102  
(405) 713-1361/713-7146**

**OKLAHOMA COUNTY  
CELLULAR COMMUNICATIONS TOWER  
ADMINISTRATIVE PERMIT  
APPLICATION REQUIREMENTS**

1. The Department shall respond to each application within (5) working days upon receiving a completed application, by either approving or denying the application. If additional time is necessary to adequately assess the request, the Department may exercise an extension of this review period. Time of extension to be determined by the Department.
2. Application fee for administrative approval request is \$50.00 per request.
3. The following documents will be required with the application:
  - Scaled Site Plan showing location, dimensions, tower height requirements, all setbacks and easements, parking, and fencing.
  - Scaled Elevation View and supporting drawings
  - Calculations including but not limited to wind and pole, easement agreements, lease agreements, warranty deeds with book and page
  - Any other information deemed necessary by the Department to assess compliance with this regulation and compatibility with surrounding uses.

If a request for administrative approval is denied, the applicant may appeal the decision with the Oklahoma County Board of Adjustment.

**\*\*All fees are non-refundable.**



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**OKLAHOMA COUNTY  
CELLULAR COMMUNICATIONS TOWER  
ADMINISTRATIVE PERMIT APPLICATION**

1. \_\_\_\_\_  
Applicant Name - - please print

2. \_\_\_\_\_  
Applicant Address - - please print

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
City State Zip Phone Number

4. \_\_\_\_\_  
Address of Proposed Antenna (or additional buildings)

5. \_\_\_\_\_  
Legal Description of Property

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_ 7. ( ) \_\_\_\_\_  
Property Owner Property Owner Phone Number

8. \_\_\_\_\_ 9. \_\_\_\_\_  
Cell Tower Owner/Operator Cell Tower Owner/Operator Phone Number

10. \_\_\_\_\_  
Cell Tower Owner/Operator Address

\_\_\_\_\_

9. \_\_\_\_\_ 11. \_\_\_\_\_  
Applicant's Signature Date

For Office Use Only	
Application No: _____	Date: _____
Payment Received From: _____	Check No: _____ Amount: _____
Payment Received By: _____	Application No. _____
Revised 1/2003	