



## **Gas Pipeline License Application**

**TO BE SUBMITTED IN DUPLICATE**

1. Date of submission: \_\_\_\_\_
  
2. The name, address and telephone number and position and employer of applicant is as follows:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
  
3. The telephone number of at least one emergency contact available on a 24-hour basis is as follows:  
  
\_\_\_\_\_
  
4. Attached is an executed copy of the License Agreement for the Pipeline.
  
5. Attached is a plan accurately showing the proposed location, course and alignment of the proposed pipeline which shows the following:
  - a. The time, manner, means and method of the proposed construction.
  
  - b. The particular commodity proposed to be transported through the pipeline and the maximum pressure and maximum temperature under which the same may be pumped or otherwise caused or permitted to flow through any and all of the particular portions of the pipeline.
  
  - c. A suitable profile, accurately showing the location of all cutoff valves relative to the location of all streets or alleys across or along which the proposed pipeline shall be laid.
  
6. One of the copies of the plan and profile delivered to the Public Works Department shall be a reproducible Mylar.
  
7. Attached are maps or schematic drawings, in the following format \_\_\_\_\_ which depict the route within the City of each pipeline including its location and elevation in every street or attached written waiver from the Director of Public Works)

8. The diameter, normal operating pressure range and the maximum allowable operating pressure of each existing pipeline, other than a gathering system, within the City is as follows.
9. The materials transported by each existing pipeline within the City are as follows.  

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10. The location of shutoff valves for every segment of a pipeline in a street is depicted on the attached plans.
11. The business address and telephone number of the person responsible for the operation of each existing pipeline is as follows:  

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12. The business address and telephone number of the person responsible for the operation of the pipeline which is the subject of this application is as follows:  

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13. The businesses address and telephone number of the owner of each existing pipeline, if applicable, is as follows:  

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14. Proof of insurance for the coverages set forth in the attached License Agreement (the "License") is attached.
15. Attached hereto is a check for the application review fee of \$1,000.00 and a check for the application review fee of \_\_\_\_\_ (\$500.00 per right of way crossing and \$250.00 per easement crossing).
16. The applicant shall reimburse City for any professional fees incurred in the review and processing of the application. This shall include legal review and revisions due to requests from the applicant and any professional engineering or surveying fees.

17. The applicant acknowledges that no construction shall begin until such plans have been reviewed and approved in writing by the Departments.

**PROPERTY OWNER ACKNOWLEDGEMENTS**

**Notarized signature of *all* owners is mandatory.**

Use additional sheets if necessary

I do hereby certify that the above statements and information are true and correct to the best of my knowledge.

\_\_\_\_\_  
(Applicant's Signature)

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by

\_\_\_\_\_, who on his/her oath certifies that the above statements are true and correct to the best of his/her knowledge.

\_\_\_\_\_  
(Notary Public)

Commission expires on above date

## Authorization of Agent

We, the undersigned, being the License Holder, do hereby authorize (please print):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

to act as our Agent in the matter of this application. The term agent shall be construed to mean any lessee, developer, option holder, or authorized individual who is authorized to act in behalf of the applicant.

(Form to be signed below by an authorized officer of the Licensee, with proof of authorization to be attached.)

**Signature**

**Mailing Address**

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

SUBSCRIBED AND SWORN TO before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

Commission expires on above date

SIGNATURE OF APPLICANT (SIGN AND PRINT OR TYPE NAME)

SIGNATURE:

\_\_\_\_\_

*For Department Use Only:*

Total Fees: \_\_\_\_\_

Payment Meth: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_