



**APPLICATION FORM: OIL, GAS AND SEISMIC**

Activity No. _____	<b>OFFICE USE</b>
Base Fee \$ _____	Receipt No. _____
Received By _____	Date _____
Deemed Complete By _____	Date _____

**I. PROJECT NAME** \_\_\_\_\_

**II. TYPE OF REVIEW**

*This application form must be accompanied by the applicable submittal checklist.*

- Oil and Gas
- Seismic
- Off-site Facility

**III. APPLICANT**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Representative / Primary Contact \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**IV. PROPERTY OWNER(S) - Use additional sheet if necessary**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**V. PROPERTY INFORMATION—Use additional sheet if necessary**

Property Address \_\_\_\_\_  
 General Location \_\_\_\_\_  
 Legal Description (*may be attached*) \_\_\_\_\_  
 Parcel Identification No. (PIN) \_\_\_\_\_ Property Size (*acres*) \_\_\_\_\_  
 Current Use \_\_\_\_\_ Zoning \_\_\_\_\_

**VI. SIGNATURES**

By signing below, the applicant acknowledges that all information contained on this application form and within accompanying submittals are true and correct and agrees to pay all required fees associated with this application. The base fee is intended to cover the estimated minimum staff hours to process the application. Any additional staff hours will be assessed at \$134 per hour. The applicant signing below is responsible for all additional hourly fees. Failure to pay fees may result in revocation of a permit/approval.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Print/type name of applicant

Title: \_\_\_\_\_