

COMMUNITY & DEVELOPMENT SERVICES

215 Comanche Street/P.O. Box 7 ~ Kiowa, CO 80117

303.621.3136

SEISMIC ACTIVITY PERMIT APPLICATION

PERMIT NUMBER _____

SUBMITTAL REQUIREMENTS: 1. An electronic copy of the map required by COGCC (as per COGCC RULE 333) showing the location of the proposed seismic activity. 2. Certificate of Liability Insurance. 3. In some cases a Master Road Use Agreement and Bond.

Name of Applicant: _____

Seismic Company Name: _____

Address: _____

Business Phone: _____ Date of Application: _____

Cell Phone for Person Conducting Activity: _____

Name of Company for Which Testing is Being Done: _____

Primary Contact Name of Company: _____

Primary Contact's Phone: _____ Email: _____

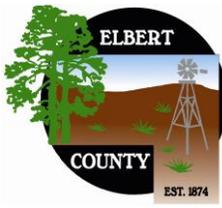
Name of Landowner(s): _____

Contact Phone/Landowner(s): 1. _____ 2. _____

Additional: _____

Legal Description: (quarter/quarter section, section/sections, township, range):

Location; (Direction and number of miles to nearest town): _____



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Proposed Start Date of Activity: _____,
20_____

Proposed Date of Completion is: _____, **20**_____

Route Description: _____

Estimate Area of Activity Coverage: _____ Square Miles (3D)

Estimate Area of Activity Coverage: _____ Line Miles (2D)

Signature of Applicant: _____

Printed Name of Applicant: _____

PERMIT

This application, when signed by the Director of Community & Development Services of the Elbert County Board of County and after a signed copy is furnished to the applicant, is a Seismic Activities Permit.

Approved this _____ **day of** _____

Signature: _____

KYLE FENNER

DIRECTOR, COMMUNITY & DEVELOPMENT SERVICES

Revised 07-17-2014

OFFICE USE ONLY
Received by: _____
Date Received: _____