



TOWN OF ANNETTA NORTH – P.O. Box 1238 - Aledo, TX 76008
 (817)441-2663 - FAX: (817) 441-6635 (call the number before faxing)
APPLICATION FOR SPECIFIC USE PERMIT –
WELLS/PIPELINES

Applicant's Name		Date of Application
Applicant's Address		Date Construction to Begin
City/State/Zip	Business Phone	Alternative Number
Emergency Contact Name and Address:		Emergency Phone
Name of Mineral Rights Owner		Name Surface Rights Owner

Description of Well Location: _____ Well Name _____

Proposed Depth of the well, bore size, and type of casing: _____

For pipelines: type, size, estimated operating pressure and location depth: _____

Name and addresses of property owners within 600 feet of the proposed well site:

Name	Address	City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant: _____

DO NOT WRITE BELOW THESE LINES

- Completed Application _____
- Location of well site and any gathering or transfer pipelines with respect to property lines, lot lines, right-of-way or public easement boundaries and the location and owner(s) of any residence, commercial structure, or public building if located within 600 feet of the proposed well site _____
- Site Plan - including metes and bounds of area for SUP, proposed landscaping and screening buffers, and proposed public & private streets _____
- Traffic Routing showing offsite equipment and truck access to well site and tanker fill location(s) if within the City _____
- Approved Copy of Texas Railroad Commission Form 1 _____
- Right-of-way license agreement between Annetta North and authorized agent (for pipelines which utilize public thoroughfares) _____
- Drawing or other written instrument showing the type, design and location of proposed screening to hide the producing well from view. _____

- Statement certifying the lease or pipeline owner complies with TRC requirements _____
- Proof of surety bond or letter of credit for \$50,000 _____



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Copy of current standard comprehensive public liability insurance policy
(see insurance requirements in Resolution 2003-1)

TOTAL FEES

Permit # _____

Expiration Date _____

Approved by _____

Date _____