APPLICATION FOR PERMIT
TO CONDUCT LIMITED GEOPHYSICAL OPERATIONS
IN BRAZORIA COUNTY ROAD RIGHT-OF-WAY

COMES NOW __________________________ (company name), a __________________________ (state) Corporation, with permit to transact business in Texas, acting by and through its duly authorized representative, and hereby petitions Brazoria County for the right to conduct limited geophysical operations over and along certain County Roads and rights of way as shown on map(s) and/or list(s) attached hereto in the following manner: (insert description on method of Geophysical Testing operation, example.... Shot Hole or Vibroseis equipment):

within an area of approximately ____________ square miles located ________________

We propose to begin our operations on or about ______________________ (mm/dd/yyyy)

and complete our operations by ______________________ (mm/dd/yyyy).

We understand that:

1) The requested permit will be subject to the conditions specified in the PERMIT TO CONDUCT LIMITED GEOPHYSICAL OPERATIONS AND PLACE CABLES AND SENSORS IN BRAZORIA COUNTY ROAD RIGHTS OF WAY, as adopted by Brazoria County Commissioners Court on March 14, 2000.

2) We will submit a Certificate of Insurance and a bond in the amount determined by the County Engineer, on a form provided by the County Engineer’s office before the permit is granted.

3) The permit, if granted, will give us authority to conduct our operations within County Roads and rights of way only, and does not authorize us to conduct any operations on other property.

On the attached map(s), we have:

4) Outlined the general area of our proposed operations

5) Highlighted in different colors
   a) the county roads to be crossed by cables only and
   b) the roads where we propose to use vibratory signal generation equipment (vibroseis)

6) Labeled each County Road with its road number. [County Road Maps are available at the County Engineers office, with roads already labeled. In addition to the paper map(s), electronic maps may be submitted. Contact County Engineers office for appropriate format.]

On the attached list(s), we have:

7) Listed in numerical order each County Road where we plan to lay cables or conduct vibroseis operations.

8) Shown the length in miles where vibroseis operations are proposed for each road, and the total length of proposed vibroseis operations.
SEISMIC APPLICATION

Any questions or complaints regarding operations under the requested permit should be addressed to:

__________________________________________________________
(Print or type name)

__________________________________________________________
(Title)

Address:___________________________________________________

__________________________________________________________

Phone no.:_______________________________________________

Fax no.:_________________________________________________  

SUBMITTED this __________ day of __________________, 20____

__________________________________________________________
Company name and address

__________________________________________________________
Signature of Applicant

__________________________________________________________
Print or type name

__________________________________________________________
Title

__________________________________________________________
Address

__________________________________________________________
City/State/Zip

__________________________________________________________
Telephone Number

__________________________________________________________
Fax Number
BEFORE ME, the undersigned authority on this day personally appeared ______________________
_________________________________________ (Name), ______________________________________ (Title)
known to me to be the person and officer who is subscribed to the foregoing instrument and
acknowledge to me that the same was the act of ___________________________ (company) of _________________ (city and
state) for the purposes and consideration therein expressed and in the capacity therein stated.

Given under my hand and seal of office this ____________ day of _______________, 20____

_________________________________________ (Notary Public Signature)

_________________________________________ (Print or type name)

NOTARY PUBLIC IN AND FOR THE STATE OF ________________________________
THE STATE OF TEXAS  
COUNTY OF BRAZORIA

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, ________________________________ (company name) of ________________________________ (company address), as PRINCIPAL, and ________________________________ (surety name) a corporation duly licensed to do business in the State of Texas, as SURETY, are held and firmly bound unto Brazoria County, Texas, State of Texas (hereinafter called the County) in the penal sum of ____________ to the payment of which, well and truly to be made, we hereby bind ourselves, our heirs, executors, administrators and assigns.

THE CONDITION OF THE ABOVE OBLIGATIONS IS SUCH, that whereas the Principal has requested a permit from the County, by application dated ______________________, for:
Conducting geophysical operations over and along Brazoria County roads and rights of way within an area of approximately ________ square miles located ________________________________

THEREFORE, if the Principal will make payment to the County of ______________________ and for any and all damages that may be sustained between the date of issuance of this bond and the expiration date of Principal's permit from the County, to any road, adjacent right of way, bridge or other structure under the jurisdiction of the County by virtue of the operation of any equipment by said Principal, his agents, employees, or subcontractor, for which permit is issued to operate, then this obligation to be null and void, otherwise to remain in full force and effect until a written release is received from the County.

EXECUTED this _____________ day of _____________________, 20_____

(Principal name and address)    (Surety name and address)

BY: ________________________________    BY: ________________________________
(Signature)    (Signature)

(Print or type name & title)    (Print or type name & title)

Phone no. ________________________________    Phone no. ________________________________

(ATTACH POWER OF ATTORNEY)

Bond Expiration Date: ________________________________    Bond Number: ________________________________