

OIL AND GAS CONDITIONAL USE TECH FORM

Case#: CU- _____ - _____

Proj. Name: _____

(Fee Agreement)

APP.	TOWN
<input type="checkbox"/> Application Fee; Amt: \$ 1,000	<input type="checkbox"/>
<input type="checkbox"/> Signed Fee Agreement	<input type="checkbox"/>
<input type="checkbox"/> Poudre Fire Authority Development Review Fee of \$250	<input type="checkbox"/>
<input type="checkbox"/> Site Plan	<input type="checkbox"/>
<input type="checkbox"/> Minimum scale 1" = 50'	-
<input type="checkbox"/> Proposed location of site facilities associated with the well in the event production is established, <i>if applicable</i> ...	-
<input type="checkbox"/> Show existing tank batteries and transmission and gathering lines within 660 ft. of the well site	-
<input type="checkbox"/> Location of layout, include position of the drilling equipment and related facilities and structures	-
<input type="checkbox"/> True north arrow	-
<input type="checkbox"/> Existing improvements, if any, within a 660 ft. radius of the proposed well	-
<input type="checkbox"/> Existing utility easements and other rights-of-way of record within a 660 ft. radius of the well	-
<input type="checkbox"/> Existing irrigation or drainage ditches within 400 ft. of the well site or production site	-
<input type="checkbox"/> Drainage and erosion control plans for the site and the area immediately adjacent, <i>if applicable</i>	-
<input type="checkbox"/> Location of access roads	-
<input type="checkbox"/> Well site or production site and existing lease boundaries	-
<input type="checkbox"/> Names of abutting subdivisions or owners of abutting, unplatted property within 400 ft. of the site	-
<input type="checkbox"/> Name and address of the operator and the name of the person preparing the site plan or map	-
<input type="checkbox"/> Vicinity Maps (Copies _____)	<input type="checkbox"/>
<input type="checkbox"/> Location of all existing water bodies and watercourses (including direction of flow) submitted on USGS 7.5 minute series or assessor base maps. Indicate topographic detail and show all existing water bodies and watercourses with a physically defined channel within 400 ft. radius of the well	-
<input type="checkbox"/> Location of existing oil and gas wells as reflected in OGCC records, submitted on a map and including any and all wells within a 1,000 ft. radius of the proposed location for the well	-
<input type="checkbox"/> Drill site location submitted on a Commission Form 2. Include Parcel Tax Identification Number	-
<input type="checkbox"/> Operator's and Surface Owner's Names and Addresses	<input type="checkbox"/>
Include copies of any required OGCC Form 2 and designation of agent, if applicable.	
<input type="checkbox"/> Operating Plan	<input type="checkbox"/>
<input type="checkbox"/> Permits and Approvals	<input type="checkbox"/>
List of all permits/approvals obtained or yet to be obtained from local, state or federal agencies.	
<input type="checkbox"/> Emergency Response Plan, <i>submit to agency prior to application submittal</i>	<input type="checkbox"/>
Must be mutually acceptable to the operator and the appropriate fire district that includes a list of local telephone numbers of public and private entities and individuals to be notified in the event of an emergency, location of the well, and provisions for access by emergency response entities.	
<input type="checkbox"/> Fire Protection Plan, <i>submit to agency prior to application submittal</i>	<input type="checkbox"/>
Must be mutually acceptable to the operator and the appropriate fire district that includes planned actions for possible emergency events and any other pertinent information.	
<input type="checkbox"/> Weed Control Plan	<input type="checkbox"/>
<input type="checkbox"/> Sanitary Facility Compliance	<input type="checkbox"/>
Must comply with Section 602(g) of the OGCC regulations.	



Planning Department
970-224-3211

OIL AND GAS CONDITIONAL USE TECH FORM

Project Name: _____

Signed Fee Agreement; New Agreement Amount: \$ _____ or Use Existing

Contact information: *(please attach any additional contacts)*

Owner: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____
Applicant: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____

Property Description:

Address or Location: _____

Existing Zoning: _____ Existing Use: _____

Proposed Zoning: _____ Proposed Use: _____

Purpose of Application: *(please attach any additional information)*

CERTIFICATION: MUST BE SIGNED WITH BLUE INK

OWNER CERTIFICATION OF COMPLETED APPLICATION

Signed: _____ Date: _____

APPLICANT CERTIFICATION OF COMPLETED APPLICATION

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

Signed: _____ Date: _____

TOWN CERTIFICATION OF COMPLETED APPLICATION

Signed: _____ Date: _____