



CAPITAL REGION NORTHEAST WATER SERVICES COMMISSION

APPLICATION FOR CROSSING AGREEMENT

APPLICANT INFORMATION	
Applicant Name:	_____
Address	_____ _____ _____
Telephone:	_____
Fax Number:	_____
Cell Phone:	_____
Other :	_____

AGENT ACTING ON BEHALF OF THE APPLICANT.	
Agent's Name:	_____
Address	_____ _____ _____
Telephone:	_____
Fax Number:	_____
Cell Phone:	_____
Other	_____

FIELD CONTACT INFORMATION:	
Field Contact Name:	_____
Telephone:	_____
Fax Number:	_____
Cell Phone:	_____
Other	_____

LOCATION OF CROSSING

_____ Legal Description – Lot, Block, Plan Number

TYPE OF CROSSING (Check appropriate box) and CONSTRUCTION COSTS:

Underground (pipeline, duct, conduit or cable) \$ _____

Overhead (wire or cable) \$ _____

Surface (road, highway, surface modification) \$ _____

MATERIAL SPECIFICATION - UNDERGROUND	
Pipeline diameter – if applicable	
Operating pressure	
Material specification	
Wall thickness and or pressure rating	
Angle of crossing	
Burial depth	
Minimum clearance from Commission pipeline	
Backfill material between lines	
Cathodic Protection	YES <input type="checkbox"/> NO <input type="checkbox"/>
Test station at crossing	YES <input type="checkbox"/> NO <input type="checkbox"/>

MATERIAL SPECIFICATION - OVERHEAD	
Overhead cable / wire specification	
Minimum height above ground	
Angle of crossing	
Nearest tower or pole	
Surface treatment and width	
Special protection proposed for Commission Pipeline	

MATERIAL SPECIFICATION - SURFACE	
Minimum height of fill above existing ground (for road)	
Angle of crossing	
Surface treatment and width	
Special protection proposed for Commission Pipeline	

Signature of Applicant/Agent: _____

Date: _____

LOCATION OF PROPERTY	Legal Description – Lot, Block, Plan Number
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FOR COMMISSION USE ONLY	
Date Application Received:	
4 Sets of Drawings Received: Note: <i>Application will not be processed until the drawings are received.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security Deposit or Irrevocable Letter of Credit received (100% of construction value)	YES <input type="checkbox"/> Security Deposit <input type="checkbox"/> Irrevocable Letter of Credit Amount Received: \$ _____ Date: _____ NO <input type="checkbox"/> Application may not be approved.
Name of person processing the application:	
Date Forwarded to Commission Engineer:	
Commission Engineer's Recommendations	<input type="checkbox"/> To Approve Subject to Conditions - Attached <input type="checkbox"/> To Refuse

FOR COMMISSION MANAGER ONLY	
Commission Manager's Signature	<input type="checkbox"/> Approved Subject to Conditions - Attached <input type="checkbox"/> Refused
Date	

FOR COMMISSION USE ONLY	
CONFIRMATION OF RETURN OF SECURITY DEPOSIT OR IRREVOCABLE LETTER OF CREDIT	
LOCATION OF PROPERTY _____ Legal Description – Lot, Block, Plan Number	
Security Deposit or Irrevocable Letter of Credit	Amount held on file \$ _____
In the opinion of the Commission Engineer, has the crossing or excavation been restored to the satisfaction of the Commission?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Commission Engineer's Recommendations	<input type="checkbox"/> To Approve Releasing the Security Deposit or Irrevocable Letter of Credit. (Commission Engineering letter attached). <input type="checkbox"/> To Draw on the Security Deposit or Irrevocable Letter of Credit to restore the crossing to the satisfaction of the Commission. (Please provide detailed letter).

FOR COMMISSION MANAGER ONLY	
Commission Manager's Signature	<input type="checkbox"/> Approval Release of the Security Deposit or Irrevocable Letter of Credit. <input type="checkbox"/> Approval to draw on the Security Deposit or Irrevocable Letter of Credit to restore the crossing to the satisfaction of the Commission as outlined in the letter attached.
Date	