



APPLICATION FOR SEISMIC SURVEY OPERATIONS

☐ Seismic Survey Permit

APPLICANT / OPERATOR INFORMATION

(1a) Name:		(2) Date:
(1b) Address:		
(1c) Phone Number:	(1d) Email Address:	
(3a) Name of Individual Designated to Receive Permit:		
(3b) Address:		
(3c) Phone Number:	(3d) Email Address:	
(4a) If Operator is a Corporation, state of incorporation:		
(4b) If Operator is a Partnership, provide the names and addresses of the general partners		
(4c) Partner #1 Name:		
(4d) Partner #1 Address:		
(4e) Partner #2 Name:		
(4f) Partner #2 Address:		
If additional space is needed, please include in attachments		

SURFACE / MINERAL OWNER INFORMATION

(5a) Surface Owner Name(s):	
(5b) Address(es):	
(5c) Phone Number(s):	(5d) Email Address(es):
(6a) Mineral Lessee Name:	
(6b) Address:	
(6c) Phone Number:	(6d) Email Address:
(7a) Mineral Owner Name:	
(7b) Address:	
(7c) Phone Number:	(7d) Email Address:

FOR OFFICE USE ONLY

Case No:	Total Fees:	Receipt Number:	Date Submitted:
Case Manager:	Accepted By:		
Continued on Reverse			

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SURVEY LOCATION/SITE INFORMATION

(8) Proposed Location(s):

(9a) Start Date and Time of Survey:

(9b) Completion Date and Time of Survey:

(10) Survey Methodology:

(11a) Name of Person to be Notified in Case of Emergency:

(11b) Address:

(11c) 24-Hour Phone Number:

(12a) Legal Description of the Property to be Used for the Survey Operation:

(12b) Parcel:

(12c) *Production Unit:

(12d) *Subdivision:

(12e) *Block:

(12f) *Lot Numbers:

**if applicable*

REQUIRED ATTACHMENTS

☐ Evidence of insurance requirements

☐ Detailed map showing location of all vibration points and geophone points

PERMIT FEE

☐ (13) \$100 permit fee

ACKNOWLEDGEMENTS / SIGNATURE

I certify that the information submitted in the application and required attachments is true and correct, to the best of my knowledge and belief. I further certify that I have read, understand, and will comply with the information contained in the Flower Mound Code of Ordinances, Chapter 34, Environment, Article VII, "Oil and Natural Gas Well Drilling and Operations."

(14) Operator or Designated Representative Name (printed):

(15) Date:

(16) Signature of Operator or Designated Representative Name: