



City of Baytown Geophysical/Seismic Testing Application

Incomplete applications will not be accepted.
Indicate "NA" when an item does not pertain to your application.

Baytown Fire Department
2401 Market Street
Baytown, TX 77520
Phone: 281-422-2311
Fax: 281-420-5367
Fire@baytown.org

Date of Application: _____

Application Fee: \$1,000

APPLICANT & OWNER INFORMATION

(Please print or type)

Applicant Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Fax: _____

Emergency Contact: _____ Email: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ 24-hour Emergency Number: _____

SEISMIC SURVEY INFORMATION

(Please print or type)

Location of the Seismic Survey: Inside Corporate Limits Inside the City's Extraterritorial Jurisdiction

Date Seismic Testing will be Conducted: _____ Time Testing will be Conducted: _____

Date Seismic Testing will be Complete: _____ Time Testing will be Concluded: _____

INFORMATION TO BE SUBMITTED FOR THE SEISMIC TESTING PERMIT

Please attach the following:

1. If applicant is a corporation, state of incorporation: _____.
2. If the applicant is a partnership, the names and addresses of the general partners.
3. A map showing the location of the seismic survey.
4. A detailed map showing the locations of all vibration and geophone points.
5. A detailed explanation of the seismic survey method to be used on site.
6. Identification on a map and by address of all staging areas.
7. Applicant's safety procedures.
8. A traffic flow plan for the proposed testing operations.
9. Evidence or documentation that the activity will comply with and adhere to the requirements of all applicable city ordinances, regulations, and rules.
10. An insurance certificate meeting the requirements of section 62-4.

I _____ hereby state that the facts set forth in this application and the attachments are true and correct. I agree to comply with the provisions of Chapter 62, Article I "Geophysical/Seismic Testing" of the Code of Ordinances, Baytown, Texas, as well as all other applicable laws, rules and regulations.

Signature(s): _____ Printed/Typed Name(s): _____

Known to me to be the person(s) whose name(s) is/are subscribed to the above and foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration expressed and in the capacity therein stated. Given under my hand and seal of office on this _____ day of _____ 20_____.

Notary Public

FOR DEPARTMENT USE ONLY:

Project #: _____

Submittal Date: _____ Accepted By: _____ Total Fee(s): \$ _____

Completeness review by: _____ Date: _____ Approved by: _____ Approval Date: _____

Permit Issuance Date: _____