



## Crossing Coordination - Application Form

Ph: 306-777-9666 Fax: 306-777-9146

[applications@transgas.com](mailto:applications@transgas.com)

**Instructions:** Please complete one Application Form for each 1/4 section of land effected. Please include drawings of your proposed work relative to the TransGas pipeline Right of Way with your application. Drawings of your entire project are not required. Email applications are preferred.

### Requestor

(Please enter the information of the party you want the Agreements & or Replies to be sent to)

**Company:**

**Name (First):**

**Name (Last):**

**Email or Fax:**

**Phone:**

**Your Reference #**

### Grantee/Owner

(Please enter the Legal Company Name that will be used as the counter party for any Contracts/Agreements created with TransGas. Note: This address will be used for future legal notices **for the life of any assets** covered by Agreements and not just for the initial installation. Notices Attention are suggested to be departments and not individuals. Example: Land Dept, Legal, etc.)

**Legal Company Name:**

**Notices Attention:**

**Mailing Address:**

**City:**

**Province:**

**Postal Code:**

**Fax:**

**Phone:**

**Email:**

### Grantee Field Contact

(Please enter the information of the Field Contact you want TransGas to notify in future years when entering the joint crossing area covered by any Agreements issued. This information is not required for Seismic Notices or Encroachment Notices)

**Company:**

**Name**

**Phone:**

**Email or Fax:**

### Land Location:

(Please enter the legal land location of the work you are proposing. Note: one application required per 1/4 section or land parcel affected)

LSD or 1/4	Section	Township	Range	W	M
or Lot	Block	Plan			
or Latitude:		Longitude:			



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**Activities Planned: (please select all that apply to your work)**

**Fencing:**

Wood Post:

Steel Post:

Other:

**Ground Disturbance: (digging near pipeline or work within TGL ROW, ex. planting trees)**

**Buried Cable Crossing (please indicate the number of cables)**

Telephone:

Cable:

Power:

Fiber:

Other:

Voltage:

**Above Ground Cable Crossing**

Voltage:

Ground disturbance within 100m of a marked TGL cathodic facility (if known)

Ground disturbance within 30m of a TGL rectifier (if known)

**Culvert:**

Diameter (mm):

**New Pipeline Construction**

Pipe Size (mm):			
Pipe Material:			
Product Carried:			

**Seismic: (please include map of proposed program area)**

**Well:**

**New Permanent Road Construction:**

Paved:

Gravel:

**Rail Crossing:**

**Vehicle / Equipment Crossing:**

1) Select yes if you will be crossing with tractor trailer units and/or smaller vehicles that meet legal Provincial road weights that require no special permits Yes: No:

2) Please list any additional specific equipment that you require to cross our pipeline with

*Equipment 1* - Make & Model:

Gross Loaded Weight (lbs.):

*Equipment 2* - Make & Model:

Gross Loaded Weight (lbs.):

*Equipment 3* - Make & Model:

Gross Loaded Weight (lbs.):

*Equipment 4* - Make & Model:

Gross Loaded Weight (lbs.):



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**Description of Work Activity Planned:** (please attach drawings with application)

TransGas will review your application for completeness and effect on TransGas infrastructure. If safe to do so TransGas will issue a contract to cover the requested activities. Work shall not proceed until signed contracts are in place.