

Easement or Right-of-way Encroachment Application

Coastal Water Authority
1801 Main Street, Suite 800
Houston, TX 77002-8120
Attn: Operations Manager

Phone: (713) 658-9020
<http://www.coastalwaterauthority.org/>

REQUESTOR INFORMATION: *(Print or Type Only)*

Date _____

Individual Name	Company Name	Phone Number	
Address	City	State	Zip Code

Email Address	Site Location/Key Map (attach)
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LEGAL NAME OF FACILITY OWNER REQUESTING PERMISSION TO ENCROACH:

Company Name	If pipeline, product(s) to be transported		
Address	City	State	Zip Code

Authorized Representative: Name & Title

State requesting company is incorporated

SUBMITTAL REQUIREMENTS

All requestor's must agree to comply with "**CWA Easement or Right-of-way Encroachment General Requirements – Revised August 2015**" and as amended periodically. If CWA facility relocation is required due to this request, the relocation(s) cost(s) will be borne by the requesting party and must be paid before the request is granted. The following documents will be issued per CWA property rights:

- Fee ownership: an easement will be prepared and executed by CWA
- An easement: a Consent to Encroach will be issued

It is the requestor's responsibility to secure additional needed rights from parties where CWA's rights are limited or less than a fee simple ownership. The requestor must notify owners of other pipelines, communication lines or other third party facilities located within CWA's grant to requestor.

FEE

The easement or consent to encroach fee is defined in the CWA Easement or Right-of-way Encroachment General Requirements – Revised August 2014. **A \$5,000.00 NON-REFUNDABLE ADMINISTRATIVE FEE MUST ACCOMPANY THE REQUEST SUBMITTAL.**

INDEMNIFICATION

BY SIGNING THIS APPLICATION, THE FACILITY OWNER REQUESTING PERMISSION TO ENCROACH IS LEGALLY BOUND BY THE INDEMNIFICATION AGREEMENT IN THE CWA EASEMENT OR RIGHT-OF-WAY ENCROACHMENT GENERAL REQUIREMENTS (AUGUST 2015).

REQUESTS SUBMITTED WITHOUT THE REQUIRED APPLICATION FEE OR THAT DO NOT CONTAIN THE SPECIFIED INFORMATION, WILL NOT BE APPROVED. Deficiencies will be identified and a revised package can be resubmitted.

The undersigned authorizes CWA to contact the Surveying firm that prepared the attachments and **certifies that the information provided is accurate and acknowledges that incomplete information may delay processing or invalidate this application.**

By: _____
Printed Name

Signature: _____

Title: _____



(revised Awi wuv2015)