

PIPELINE/RIGHT-OF-WAY PROXIMITY INSTALLATION PERMIT APPLICATION

Applicant Information						
Applicant Name		Contact		Title		
Address		City		Prov./State	Postal/Zip Code	
Telephone Number Fax Number		Cellular Number		E-mail Address		
Applicant's Representative (contractor/consultant) Name		Contact	Contact		Title	
Address		City	City		Postal/Zip code	
Telephone Number	Fax Number	Cellular Number		E-mail Address		
Landowner Name (if not applic	cant)				Landowner consent to works obtained? Yes No	
The Applicant hereby applies for permission to construct Works installed under, over, near or crossing the pipeline or within the limits of the pipeline right-of-way under the jurisdiction of Kinder Morgan Canada ("KMC") and in accordance with applicable government regulations. The proposed Works are as follows:						
Installation Details						
Permanent Installation d	luration if temporary (Yr/Mth/Day)		Roads and Parking Areas	Within le	egal highway load limits?	
Temporary Date from:	Date to:		Gravel Pavement	☐ Yes	☐ No	
				f steel, will cathodic protection be applied?		
Steel pipe/conduit						
Power Communications						
Description of Works to be completed and the procedures to be followed (attach extra pages as required to give full description)						
				Tentative cor	nstruction date (Yr/Mth/Day)	
Location of Works (e.g. road/street or legal description of property)						
Coordinates: UTM E (x)				GPS (Nad 83) N (y)		
Application Drawing(s) No. (or sketch)						
Drawings and Sketches must be prepared as per the KMC Design and Construction Guidelines for Pipeline Proximity Installation Permits.						
This form constitutes an APPLICATION ONLY . The Works applied for shall not commence until an approved Pipeline Proximity Installation Permit has been issued and must be constructed in accordance with the conditions set forth in the approved Permit. Please allow a minimum of 10 working days for processing this application. Please also allow a minimum of 3 working days notice to arrange for a KMC Inspector once the application has been						
approved.						
Name of applicant or applicant's representative (PRINT) Date (Yr/Mth/Day) Signature of applicant or applicant's representative						
KMC use only						
Reviewed by			Date Received (Yr/Mth/Day	Date	Approved(Yr/Mth/Day)	
Pipeline/lateral name (e.g. 610)) KM/Mile Post #		Approval Number	Date	Constructed(Yr/Mth/Day)	
PLEASE REMIT TO:						
In Alberta Kinder Morgan Canada Inc. #68 – 80 Chippewa Road Sherwood Park, AB, T8A 4W6	Attention: Crossing Technologist Toll Free: 1-866-677-0771 Phone: 780-449-5906 Fax: 780-449-3053		In British Columbia Kinder Morgan Canada In 7815 Shellmont Street Burnaby, BC, V5A 4S9	C. Toll Free:	n: Crossing Technologist 1-866-268-3001 4-268-3093 268-3063	
In Washington Kinder Morgan 1009 East Smith Road Bellingham, WA, 98226	Attention: Puget Sound Operations Toll Free: 1-888-767-0304 Phone: 360-398-1541 Fax: 360-398-7432	Supervisor				