

# Exhibit B



**COLORADO**

**State Land Board**

Department of Natural Resources

Right-of-way No.: \_\_\_\_\_  
(office use only)

\$500 NON-REFUNDABLE APPLICATION FEE (check the box that applies)

Application for Grant of Right-of-way

Application for Amendment /  Renewal ----> Associated Right-of-way Contract No. \_\_\_\_\_

**APPLICANT:** (NAME AND MAILING ADDRESS EXACTLY AS YOU WANT IT TO APPEAR ON THE FINAL RIGHT-OF-WAY CONTRACT)

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**STATE TRUST LAND INFORMATION:** (IF MORE THAN ONE SECTION WRITE "SEE ATTACHED" AND ATTACH A SEPARATE SHEET)

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ County: \_\_\_\_\_ P.M. \_\_\_\_\_

**REQUESTED USE:** (PLEASE BE VERY SPECIFIC-E.G. A 20" NATURAL GAS PIPELINE, AN 8" CRUDE OIL PIPELINE, A TELEPHONE LINE, A TELEPHONE LINE, 2-2" COMMUNICATION CABLES, A 230KV ELECT. TRANSMISSION LINE, A 60' WIDE PUBLIC ACCESS ROAD, ETC.)

Estimated Dates for Construction: \_\_\_\_\_

Width of Right-of-way: \_\_\_\_\_ Width of Temp. Access: \_\_\_\_\_

Length on State Trust Land (linear ft.): \_\_\_\_\_ Total Area (acres): \_\_\_\_\_

**AGENT:** (NAME AND MAILING ADDRESS. IF DIFFERENT THAN APPLICANT/ENTITY, MUST PROVIDE LETTER OF AUTHORIZATION)

Agent Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED FOR PROCESSING** (for both new applications and amendments):

1. Complete and signed application, \$500 non-refundable application fee payable to: Colorado State Board of Land Commissioners.
2. Survey plat, legal description (MS word), shape files (ESRI compatible) along with the projection file, and cover sheet on entity letterhead.

Note: All documents in hard copy and electronic copy. Please refer to Right-of-way General Instructions and Survey Requirements