



Carload Express, Inc.
Right-of-Way Manager, 519 Cedar Way, Bldg 1, Suite 100 Oakmont, PA 15139

Application for Underground Pipeline Crossing or Longitudinal of Railroad Property and or Track

Section 1 - Applicant Data

Complete Name of Applicant

Applicant Type

- Corporation Partnership Individual
 Sole Proprietor Municipality Developer
 Other

State of Incorporation or
Partnership

Mailing Address

Billing Address

FEIN or SSN

Contact Name & Title

Telephone Number

Fax Number

Email Address

Emergency Contact Name

Emergency Telephone
Number

Section 2 – Location Data

Proposed Date of
Installation

Railroad Name

Nearest City

County

State

OHIO PENNSYLVANIA MARYLAND DELAWARE

Nearest Railroad Mile Post

Railroad Subdivision

US DOT/AAR Crossing
Number

Feet from Railroad
Milepost

Is Crossing within Public
Road Right-of-Way?

YES NO

If YES, Name of Street

Fed-State-County No.

Latitude/Longitude

Quarter, Section,
Township and Range

Section 3 – Pipeline Data

Crossing or Longitudinal Crossing Longitudinal

Installation New Maintenance Upgrade Replacement Other

Product to be Conveyed Water Sewer Oil Gas Storm Drain

Is the Product Flammable? YES NO

Temperature of Product _____

Type of Service Transmission Distribution Service Other

Will facility be used solely by applicant? _____

If no, list all parties that will be using this facility: _____

Location of Shut-Off Valves: _____

Number of Manholes: _____

Section 4 - PIPELINE SPECIFICATIONS

	CARRIER PIPE	CASING PIPE
Material	_____	_____
Material Specifications & Grade	_____	_____
Minimum Yield Strength of Material (PSI)	_____	_____
Mill Test Pressure	_____	_____
Inside Diameter	_____	_____
Outside Diameter	_____	_____
Wall Thickness	_____	_____
Type of Seam	_____	_____
Laying Lengths	_____	_____
Type of Joints	_____	_____
Total Length within RR ROW	_____	_____
Vents:	Number _____ Size _____	Height above ground _____
Seals:	Both Ends? <input type="checkbox"/> YES	<input type="checkbox"/> NO
	One End? <input type="checkbox"/> YES	<input type="checkbox"/> NO
Cathode Protection:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Protective Coating:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type, size and spacing of insulators or supports:	_____	
Number of Tracks Crossed:	_____	
Total Buried Length on RR:	_____	

Bury (Base of rail to top of casing) ft, in:

Bury (Not beneath tracks) ft, in:

Bury (roadway ditches) ft,in:

Location of Boring Pits adjacent to track:

Launching Pit:

Receiving Pit:

Describe in detail the manner and method of installation:

Section 5 – Longitudinal Data

Total Buried Length on
Railroad Right of Way:

Begin of Longitudinal
Railroad Milepost:

End of Longitudinal
Railroad Milepost:

Describe in detail the
manner and method
of installation:

Plans for proposed installation shall be submitted to and approved by the Railroad before construction or work can begin.

Upon application approval, applicant agrees to reimburse Railroad for any cost incurred by Railroad incident to the installation, maintenance and/or supervision necessitated by the installation. Applicant further agrees to assume all liability for accidents or injuries that arise as a result of this installation.

Material and installation are to be in strict accordance with specifications of the American Railway Engineering Association, National Electric Safety Code and requirements of Carload Express, Inc.

Standard Application processing takes approximately 8-12 weeks from the date of receipt of the completed application. "Expedited Processing" is available and will reduce the processing time to between 4-6 weeks at an additional cost listed below.

Schedule of Fees – License Application
(All fees are non-refundable)

Application Review Fee	\$200
Engineering Review Fee	\$500
Document Preparation Fee	\$500
Expedited Processing Fee (1-2 weeks)	\$1000

If installing more than one facility in the same location, a separate application MUST be completed for each new line to be installed.

Applications submitted with more than one facility listed or with incomplete data or information will be returned and will not be processed until all applications are returned accurate, complete and with all applicable fees.

Date: _____ Signature: _____

Phone: _____ Print Name: _____

Email: _____ Title: _____

Date: _____ Signature: _____

Approved by Right-of-Way Manager