

### RAILROAD COMMISSION OF TEXAS

LPG FORM 25

Oversight and Safety Division
Alternative Fuels Safety Department

# APPLICATION AND NOTICE OF EXCEPTION TO THE LP-GAS SAFETY RULES

Please Type or Print

INSTRUCTIONS: Any person may apply for an exception to the *LP-Gas Safety Rules*. All application filings must meet the submission requirements of Section 9.27 of the *LP-Gas Safety Rules*. Strict compliance with this section is necessary to ensure that fairness and uniformity in the administrative process is extended to all applicants. All applicants are routinely advised that a request for exception in no way guarantees that an exception will be granted. A non-refundable fee of \$50 must accompany each original application. If resubmission is required a non-refundable fee of \$30 must accompany each resubmission. DO NOT SEND CASH. Make Check or Money Order Payable To: The Railroad Commission of Texas. To pay by credit card please visit our website www.rrc.texas.gov.

PLEASE COMPLETE ALL BLANKS ON THIS FORM AND RETURN TO ALTERNATIVE FUELS SAFETY (AFS). FILE ONE LEGIBLE APPLICATION FORM PER SITE, LISTING ALL APPLICABLE EXCEPTIONS TO SAFETY RULE REFERENCES.

# APPLICANT INFORMATION: \_\_\_\_\_ representing \_\_\_ Applicant's name: (Company name, if applicable) Lic. No. \_\_\_\_\_ Mailing Address: \_\_\_\_\_ (City, State) (Zip Code) Fax No. \_\_\_\_\_ I request an exception to Section(s) (give full safety (A/C) Tel. No.: \_ of the LP-Gas Safety Rules. rule reference) GEOGRAPHICAL LOCATION: If stationary LP-gas installation, give physical street address or geographical location: (Give directions from nearest highway or town) Nearest town or city \_\_\_\_\_, county of \_\_\_\_\_\_ If stationary installation, is it located within municipal limits? $\square$ Yes $\square$ No STATEMENT OF DESIRED RELIEF: State below your request for exception and how it specifically fails to comply with the LP-Gas Safety Rules or adopted codes. Be sure you also quote the exact reference and description of the safety rule.

State the facts supporting your desired relief. Explain the social and economic impact if the exception is not granted. Estimate the total sum of all monetary factors or alternative solutions necessary to bring the installation or equipment into full compliance with the safety rules, plus any additional costs to the consumer, if applicable.
Social impact, if not granted (effect on the health, safety and welfare of individuals in the community or other stakeholders):
Economic impact, if not granted (effect on commerce, employment, income and other monetary factors):
SAFETY ASPECTS OF EXCEPTION:
Explain the safety aspects involved and how this exception may be justified without affecting the health, safety and welfare of the general public. If the exception involves an existing LP-gas installation or existing LP-gas mobile equipment, list existing safety features. What additional safety modification(s) could be made to offset the requested exception to the Commission's <i>LP-Gas Safety Rules</i> and adopted standards?

**STATEMENT OF SUPPORTING FACTS:** 

### **DESCRIPTION OF ACREAGE OR LEASED AREA:**

<u>If a stationary LP-gas installation</u>, use the space below to describe the site sufficiently for determination of property or lease lines, land ownership, and by what legal authority the applicant, if not the owner, is permitted occupancy.

ATTACH SUPPORTING DOCUMENTS: A legal property description with a site plan indicating the dimensions of the boundaries described by the legal description or a plat showing the dimensions of the property description. The site plan must show all adjoining property lines, streets, and highway or railroad right-of-ways and must coincide with the legal property description or plat. The site plan may include other information such as buildings, storage containers, and other exposures relevant to the exception which is not indicated on the plat. If the area described is under lease, a copy of the lease agreement, and exhibit(s) showing the area under lease may be filed in lieu of the legal property description or plat.

Legal description and acreage:									
I have attached: Check applicable box(es)	1. □ 2. □ 3. □	Legal property description with site plan Survey plat with site plan Lease agreement with site plan							

### AFFECTED PARTIES WHO MUST BE SENT A COPY OF THIS REQUEST:

A copy of LPG Form 25 must be sent by certified mail, return receipt requested, or otherwise delivered to all affected parties as specified below on the same date on which the form is filed with or sent to AFS. The information shall include a notice that any objection shall be filed with AFS within 18 calendar days of postmark or other delivery of the form.

For stationary Installations:

- 1. ☐ Persons or businesses owning or occupying property adjacent to the site;
- 2. 

  The city council or fire marshal, if the site is within municipal limits; and
- 3. 

  The county Commission, if the site is not within any municipal limits

For motor or mobile fuel installations:

- 1. ☐ The Texas Department of Public Safety; and
- 2. 

  All processed gas loading and unloading facilities utilized by the applicant

AFS may require an applicant to give notice to persons in addition to those listed above if doing so will not prejudice the rights of any entity.

PLEASE GIVE FULL NAME AND ADDRESS OF EACH AFFECTED PARTY. EACH AFFECTED PARTY MUST BE AFFORDED AN OPPORTUNITY TO OBJECT OR NOT TO OBJECT TO THE EXCEPTION REQUESTED. THE PARTY SHALL NOTIFY THE SECTION IN WRITING OF SPECIFIC OBJECTIONS. THE ORIGINAL OF THE RETURN RECEIPT CARDS MUST BE FILED WITH YOUR ORIGINAL APPLICATION AS EVIDENCE THAT AFFECTED NOTICE WAS RECEIVED BY THE AFFECTED PARTY. ATTACH A COPY OF A LAND ABSTRACT OR MARK THE SITE PLAN ABOVE TO SHOW ALL ADJOINING PROPERTY OWNERS. LIST ALL NAMES AND ADDRESSES OF REQUIRED PARTIES TO RECEIVE NOTICE ON PAGE 4 OF THIS APPLICATION. USE PAGES 5 AND 6, NOTICE OF EXCEPTION TO AFFECTED PARTIES, AS THE INSTRUMENT OF NOTICE.

Stationary Installations Only:

I have attached: Check applicable box(es) 1. 

Land abstract of surrounding properties AND original certified mail return receipt(s) for each notice sent.

2. 

Expanded site plan showing surrounding properties and original certified mail return receipt(s) for each notice sent.

NOTE: ANY ATTACHED MATERIAL TO BE CONSIDERED MUST BE FILED WITH AN AFFIDAVIT SIGNED BY A PERSON HAVING PERSONAL KNOWLEDGE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Name	es and addresses of parties that were mailed copies of this	request.	
1	Name of person or entity		
	Mailing address	City, State	Zip Code
2	Name of person or entity		
	Mailing address	City, State	Zip Code
3	Name of person or entity		
	Mailing address	City, State	Zip Code
4	Name of person or entity		
	Mailing address	City, State	Zip Code
5	Name of person or entity		
ADDI	Mailing address	City, State	Zip Code
	applicant must make a credible case the exception in partic		
I certi certific Applic Gas I Capac	air or tend to impair the health, safety and welfare of general nitted or requested by the division if necessary to clarify the actify all the person(s) named above have been sent a copy of LF ied mail, return receipt requested. I understand that should the exception to Install LPG Facility (Aggregate Water Capacity of 10,0 Installation; or LPG Form 501, Completion Report for LP-Gas acity. Any non-compliance with the safety rules could result in seedings and/or administrative penalties under Chapter 113, Tex-	applicant's intentions toward this purpose PG Form 25, with their contact information I ception be granted, I may be required to file 1000 Gallons or More); LPG Form 500A, Notice Installations of Less Than 10,000 Gallons my company being subjected to administ	isted on page 5, by an LPG Form 500 ce of Proposed LP Aggregate Water
I deciprepa	clare under penalties in Section 91.143, Texas Natural Resourced by me or under my supervision and direction, and the date of my knowledge. I also understand AFS must be notified of any situate re-notification of adjoining property owners as required by	rces Code, I am authorized to make this e and facts stated herein are true, correct ay changes to this application as soon as p	and complete to the ossible which may
	ionally, applicant agrees that this application may be executed by ture for all purposes and shall have the same force and effect as a		ered as an origina
	(Printed name of Applicant or Applicant's Representative)		
(Aut	uthorized signature of Applicant or Applicant's Representative)		

(Date)

## NOTICE OF EXCEPTION TO AFFECTED PARTIES

TO:						
(Name of person or e	entity to receive notice	2.)				
(Ad	dress)					
(C:ta.)	(Ctoto)	(7in Codo)				
(City)	(State)	(Zip Code)	OTICE			
You have been notified as Gas Safety Rules of the Ra		rnmental entity	entitled to notice of an ap			
	(Full na	ame of applicant or	person requesting exception)			
of						
(Addre	•		(City)		(State)	(Zip code)
has requested exception(s)	to Section(s)					
		(Safety Rul	e Reference(s))			
of the <i>LP-Gas Safety Rul</i> es	c. The exception it	granted, is loc	ated at:			
	(Street	address or other a	ccurate description of property)			
	(City)		(State)		(Zi	p Code)
THE FOLLOWING SPACE	IS TO BE USED	BY THE PART	Y WHICH RECEIVED NO	OTICE		
l			, as an affected par			otice and have
received a copy of LPG For			·	-		
I Object/Do Not Object AFS in writing within 18 particular exception requesthe section. A hearing will Page 6 of this form or a settle notice herein.	days of the dat sted must be sen I be held when	te the applicat t to AFS. You the Railroad C	ion was mailed. Any quant may request a copy of the commission of Texas rec	uestions ab ne complete eives prope	out this pro e application r objections	ocedure or the n on file with . You may use
Additionally, affected party an original signature for all						considered as
	Printed name of affect	ted party)			(Date)	
(	Timed harne or difec	nou purty)			(Date)	
	(Signature of affected	d party)		(A/C)	(Telephon	e No.)
	(Address)					
(City)		State	Zip Code			

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# **REASON FOR OBJECTION**

By filing this application via facsimile transmission, applicant voluntarily stipulates and agrees that the filed facsimile copy shall be treated as an original document for all purposes in any court or administrative proceeding.

Return to: Railroad Commission of Texas Alternative Fuels Safety PO Box 12967 Austin, Texas 78711-2967 FAX (512) 682-9066

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