



Request for Information Access Agreement for Environmental RI/FS

Date Received _____

AGENCY WILL ASSIGN NUMBER
Oregon Department of State Lands Application No. _____

SEND COMPLETE AND SIGNED APPLICATION TO:

(West of the Cascade Crest)

WESTERN REGION

Department of State Lands
775 Summer Street NE, Suite 100
Salem, OR 97301-1279
503-986-5200
FAX: 503-378-4844

(East of the Cascade Crest)

EASTERN REGION

Department of State Lands
1645 NE Forbes Road, Suite 112
Bend, OR 97701
541-388-6112
FAX: 541-388-6480

www.oregonstatelands.us

1 - APPLICANT INFORMATION

Applicant's Name and Address: _____ _____ _____	Business Phone: _____ Home Phone: _____ Fax: _____ email Address: _____
Co-Applicant's Name and Address: _____ _____ _____	Business Phone: _____ Home Phone: _____ Fax: _____ email Address: _____
Authorized Agent Name and Address: _____ _____ _____	Business Phone: _____ Home Phone: _____ Fax: _____ email Address: _____
Riparian Property Owner Name and Address: (vested title); if different than applicant _____ _____ _____	Business Phone: _____ Home Phone: _____ Fax: _____ email Address: _____

2 - PROJECT LOCATION

Street, Road or other descriptive location		Legal Description			
		Township	Range	Section	Quarter
In or Near (City or Town)	County	Tax Map #		Tax Lot #	
Waterway	River Mile	County Property Tax Account Number			

3 - PROJECT INFORMATION

Activity Type (Check all that apply):	Area requested (length x width)
<input type="radio"/> Sediment Sampling for Remedial Investigation	_____
<input type="radio"/> Installation of Monitoring Wells	_____
<input type="radio"/> Installation of permanent sampling structures on state owned lands	_____
<input type="radio"/> Remedial Action (Explain Below)	_____
<input type="radio"/> Other (Explain Below)	_____

Are you aware of any Endangered Species on the project site?	<input type="radio"/> Yes	<input type="radio"/> No
Are you aware of any Cultural Resources on the project site?	<input type="radio"/> Yes	<input type="radio"/> No
Is the project site near a State Scenic Waterway?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain in the project description (Section 4) How will activity impact area and proposed mitigation.		

4 - PROJECT PURPOSE & DESCRIPTION

Existing Proposed

Project Purpose and Need:

Project Description:

Estimated Start Date _____ Estimated Completion Date _____

5 - ADDITIONAL INFORMATION

Please provide the name, address and phone number for all adjoining property owners

Has the proposed activity or any related activity received the attention of the Corps of Engineers or the State of Oregon in the past, e.g., wetland delineation, violation, permit, lease request, etc.? Yes No

If yes, what identification number(s) were assigned by the respective agencies:

Corps # _____ State of Oregon # _____

6 - CITY/COUNTY PLANNING DEPARTMENT AFFIDAVIT

(to be completed by local planning official)

- This project is not regulated by the local comprehensive plan and zoning ordinance.
- This project has been reviewed and is consistent with the local comprehensive plan and zoning ordinance.
- This project has been reviewed and is **not** consistent with the local comprehensive plan and zone ordinance.
- Consistency of this project with the local planning ordinance cannot be determined until the following local approval(s) are obtained:
 - Conditional Use Approval Development Permit
 - Plan Amendment Zone Change
 - Other _____

An application has has not been made for local approvals checked above.

Signature of local planning official _____ Title _____ City / County _____ Date _____

Applicant is seeking a Temporary Use Permit for the purpose of a remedial investigative action (sediment sampling, water quality monitoring, etc.) that does not affect land use or require a land use compatibility determination (LUCS) by the City/County Planning Department. No permanent structures to be placed on state-owned lands.

Applicant's signature

7 - BUSINESS INFORMATION

LIMITED LIABILITY COMPANY: Complete the following

- a) Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? Yes No
- b) Is the LLC presently in good standing with the Oregon Secretary of State? Yes No
- c) In what state is the LLC primarily domiciled? _____
- d) Is the LLC name and the Oregon business address the same as stated in this application? Yes No

If no, state the legal Name: _____
Address: _____

Street or Box Number City State Zip Code

Additionally, a LIMITED LIABILITY COMPANY must submit the following with the application:

- a) A certified copy of the company's Articles of Organization
- b) A copy of the company's operating agreement

CORPORATION: Complete the following:

- a) Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? Yes No
- b) Is the corporation presently in good standing with the Oregon Secretary of State? Yes No
- c) In what state are you incorporated? _____
- d) Is the legal corporation name and Oregon business address the same as stated in this application? Yes No

If no, state the legal Corporate Name: _____

Address: _____

Street or Box Number City State Zip Code

PARTNERSHIP OR JOINT VENTURE: Complete the following

NAME	BUSINESS ADDRESS	%SHARE	DIVISION

TRUST: Complete the following for each beneficiary of the Trust:

NAME	BUSINESS ADDRESS

OR identify the Trust document by title, document number, and county where document is recorded:

TITLE	DOCUMENT NUMBER	COUNTY

A resolution that the individual designated to sign the lease is authorized to act on behalf of the company in this matter.

**8 - ATTACH ALL OF THE FOLLOWING:
INCOMPLETE APPLICATIONS WILL BE RETURNED**

- a) A street or highway location map with road directions to the site from the nearest main highway or road.
- b) Assessor map that contains the riparian uplands. Do not mark on this map.
- c) A copy of the current year's property tax statement which identifies the present owner's name(s), land values, land size and tax account numbers of the riparian uplands.
- d) A separate drawing to a scale of 1 inch = 100 feet of all existing and proposed structures and/or work. Label each separate activity type stated in Section 3 and show the dimensions of each area by length and width, as stated in Section 3.

9 - APPLICANT SIGNATURE

Term of Access Agreement being requested: _____

Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the application, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I understand that the granting of other permits by local, county, state or federal agencies does not release me from the requirement of obtaining the authorization requested before commencing the project.

Applicant Signature

Title

Date

I appoint the person named below to act as my duly authorized agent.

Print /Type Name

Title

Authorized Agent Signature

Date