



# Easement Application Form Across State Land Or Waterbody

Date Received \_\_\_\_\_

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

[www.oregonstatelands.us](http://www.oregonstatelands.us)

**(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

## 1 - APPLICANT INFORMATION

Applicant is:     Private Facility     Government Entity     PUC Regulated Utility     Person

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):

- a)     Water                       Storm water                       Sewer                       Gas                       Electricity
- Combined Water Pipeline & Associated Fixture                       Combined Sewer/Storm water
- Communication Cable     Pressure Sewer Line                       Effluent Outfall and Diffuser

Area request (length x width) \_\_\_\_\_

- b)     Ditches                       Irrigation                       Mining                       Drainage
- Other \_\_\_\_\_

Area request (length x width) \_\_\_\_\_

- c)     Railroad                       Road, trail                       Bridge

Area request (length x width) \_\_\_\_\_

- d)     Surface                       Subsurface                       Overhead

e)     Other: Describe: \_\_\_\_\_

f)    Each crossing requires a separate easement.                      Total number of crossings requested: \_\_\_\_\_

a)    Are there any State, Federal listed, or Candidate Endangered Species (including plants, fish or wildlife) on the project site?                       Yes                       No                       Unknown

b)    Are there any Cultural Resources on or near the project site?                       Yes                       No                       Unknown

c)    Is the project site near a State Scenic Waterway?                       Yes                       No                       Unknown

If yes, please explain in the project description (Section 4)

d)    If you are applying for a special use easement for water pipeline and associated fixture, do you have a pending or valid Department of Water Resources application to appropriate water?                       Yes                       No                       Unknown

### 4 - PROJECT PURPOSE & DESCRIPTION

Existing

Proposed

**Project Purpose and Need:**

**Project Description:** (include alternative sites considered)

Estimated Start Date \_\_\_\_\_

Estimated Completion Date \_\_\_\_\_

## 5 - ADDITIONAL INFORMATION

Name, address and phone number for all adjoining property owners

Have you applied for Corps of Engineers or Department of State Lands permits for this project?     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 \_\_\_\_\_

## 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 legal description of the requested easement area with an accurate delineation of the area relative to the tax lot boundaries of the upland parcel. (The department may require a survey for this purpose).
- e) A separate drawing to a scale of 1 inch = 100 feet of all existing and proposed structures for the lease area. 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.
- f) Non-refundable application fee of \$125.00 for water pipeline and associated fixtures or \$750.00 for all other easement requests.  
Mail payment to: **DEPARTMENT OF STATE LANDS, UNIT 18, PO BOX 4395, PORTLAND, OR 97208-4395**

**9 - APPLICANT SIGNATURE**

I hereby request a state authorization for \_\_\_\_\_ (number) years. (The maximum easement term is for 30 years.)

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. I understand that payment of the required state application fee does not guarantee authorization.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date