



# Log Salvage Or Piling Removal Application Form

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

[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

New

Renewal

Modification

Amendment

**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: _____

**2 - PROJECT LOCATION**

Street, Road or other descriptive location		Legal Description			
		Township	Range	Section	Quarter
In or Near (City or Town)	County/Counties	Tax Map #			
Waterway	River Mile to River Mile				

### 3 - PROJECT INFORMATION

Activity Type (Check all that apply):

Area requested (length x width)

a)  Log salvage

\_\_\_\_\_

b)  Piling Removal

\_\_\_\_\_

Are you aware of any Endangered Species on the project site?

Yes  No

Are you aware of any Cultural Resources on the project site?

Yes  No

Is the project site near a State Scenic Waterway?

Yes  No

If yes, please explain in the project description (Section 4). How will activity impact area and proposed mitigation?

### 4 - PROJECT PURPOSE & DESCRIPTION

**Project Purpose and Need:**

**Project Description:**

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

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

**Location of Offloading Area(s) (Township, Range and Section, tax lot, Owner Name and Street Address)**

**Provide a street or highway location map with road directions to the salvage area and the offloading area from the nearest main highway or road.**

## 5 - ADDITIONAL INFORMATION

For Piling Removal, provide names, address and phone number for adjacent property owners within 200 feet of the use area.

Have you applied for Corps of Engineers or Department of State Lands removal permit 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 is authorized to act on behalf of the company in this matter.**

**8 - ATTACH ALL THE FOLLOWING FOR APPROVAL:  
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. Aerial photographs, USGS Quadrangle Maps, Coast Survey Charts, Maps are suitable for this purpose.
- b) County Assessor map(s) showing the location of the salvage operation that contains the riparian uplands. Do not mark on this map.
- c) Non-refundable application fee of \$750.00. 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.**

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.

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date