



Public Facility License Application Form

Date Received _____

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

SEND COMPLETE AND SIGNED APPLICATION TO:

<u>(West of the Cascade Crest)</u> 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	<u>(East of the Cascade Crest)</u> 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'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	Tax Map #	Tax Lot #	
Waterway	River Mile	County Property Tax Account Number		

5 - ADDITIONAL INFORMATION

Names, address and phone number for adjacent property owners within 200 feet of the use area.

Riparian Property Owner Name and Address:
(vested title); if different than applicant

Business Phone: _____

Home Phone: _____

Fax: _____

email Address: _____

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 - 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.
- b) Assessor map that contains the riparian uplands. Do not mark on this map.
- c) A legal description of the lease 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).
- d) A separate drawing 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.
- e) Enclose a non-refundable application fee of \$250.00. Mail payment to: **DEPARTMENT OF STATE LANDS, UNIT 18, PO BOX 4395, PORTLAND OR 97208-4395**

8 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.

Print /Type Name

Title

Authorized Agent Signature

Date