



# Sand and Gravel 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  
FX: 541-388-6480

New     
  Renewal     
  Assignment     
  Modification     
  Amendment

## 1 - APPLICANT INFORMATION

Applicant's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

email Address: \_\_\_\_\_

Authorized Agent's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

email Address: \_\_\_\_\_

Contractor's 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

### 3 - PROJECT INFORMATION

Project Purpose and Need:

Project Description and Method of Removal:

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

### 4 - UPLAND PROPERTY OWNER INFORMATION

Is the property:                     Private Owned                     State Owned

Names, address and phone number for adjacent 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 # \_\_\_\_\_ Department of State Lands \_\_\_\_\_

### 5 - 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

## 6 - 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.**

**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) County Assessor map. Indicate on map, the location of property and area of dredge spoils.
- 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) Documentation that provides the name of the person, agency or party who placed the dredge spoils on said property, along with the amount of sand and approximate date it was placed at the site.
- e) Estimated \_\_\_\_\_ yards/ \_\_\_\_\_ tons to be removed annually.

**8 - APPLICANT SIGNATURE**

**I hereby request a state authorization for \_\_\_\_\_ (3) 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.

\_\_\_\_\_  
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