



Special Use 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

(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

<input type="radio"/> New	<input type="radio"/> Renewal	<input type="radio"/> Assignment	<input type="radio"/> Modification	<input type="radio"/> Amendment
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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	Other		

3 - PROJECT INFORMATION

Activity Type (Check all that apply):

- | | |
|--|---|
| <input type="radio"/> Agriculture | <input type="radio"/> Scientific experiments |
| <input type="radio"/> Communications facilities | <input type="radio"/> Sporting and other events |
| <input type="radio"/> Wind farms | <input type="radio"/> Outfitting and guiding services |
| <input type="radio"/> Industrial, business and commercial purposes | <input type="radio"/> Motion picture filming and set construction |
| <input type="radio"/> Residence and recreational cabins | <input type="radio"/> Other, please describe use: _____ |
| <input type="radio"/> Native seed harvesting | _____ |

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

- Existing Proposed

Project Purpose and Need:

Project Description:

Estimated Start Date _____ Estimated Completion Date _____

5 - ADDITIONAL INFORMATION

Names, address and phone number for adjacent property owners.

Has the applicant received any prior authorizations from the Department of State Lands? Yes No

If yes, what identification number(s) were assigned:

State of Oregon #

6 - CITY/COUNTY PLANNING 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 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) 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).
- c) 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.
- d) Supplemental Attachment: i.e for Communication _____
- e) Non-refundable application fee of \$_____. 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.

Print /Type Name

Title

Authorized Agent Signature Date