



Temporary Use Permit Application Form

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

(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'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 (If applicable)	County Property Tax Account Number			

3 - PROJECT INFORMATION

Activity Type (Check all that apply):	Area requested (length x width)
a) <input type="radio"/> Log rafts/log storage areas	_____
b) <input type="radio"/> Commercial marina and floating home moorages	_____
c) <input type="radio"/> Noncommercial marina and owner-oriented floating home moorages	_____
d) <input type="radio"/> Marine industrial; marine services; fish processing facilities	_____
e) <input type="radio"/> Non-marine uses (restaurant, retail sales, offices, motel, residences, etc.) _____	_____
f) <input type="radio"/> Historical vessel moorage	_____
g) <input type="radio"/> Other (Research)	_____

Are you aware of any Endangered Species on the project site?	<input type="radio"/> Yes	<input type="radio"/> No
Are you aware of any Cultural Resources on the project site?	<input type="radio"/> Yes	<input type="radio"/> No
Is the project site near a State Scenic Waterway?	<input type="radio"/> Yes	<input type="radio"/> No

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

4 - PROJECT PURPOSE & DESCRIPTION

Existing Facility Proposed for Construction

Project Purpose and Need:

Project Description:

Estimated Start Date _____

Estimated Completion Date _____

5 - ADDITIONAL INFORMATION

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 permits? 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 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.

9 - APPLICANT SIGNATURE

The maximum term for a temporary use permit is 1 (one) year.

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