



Oregon State Marine Board
Special Use Device Permit
Application for Special Use Device Permit

1. Name of Applicant _____

Authorized Agent _____

Organization Address _____
address city state zip

Telephone No.: _____

2. [] Renewal: please provide: Permit Number _____ Expiration Date: _____
[] New Application

3. Type of Device(s)
[] Water Ski Course [] Kayak Race Gates
[] Ski Jump [] Race Buoys
[] Other (describe) _____

4. Location:
Name of Waterway _____ County _____

Section/Township/ Range: _____
River Mile (if appropriate) _____

Date of Installation _____ Date of Removal _____

5. Describe Proposed Use:
Typical time of use: _____
Days of the week: _____
Duration of daily use: _____
Typical number of users: Boats _____ Persons _____

Describe purpose and intended use (private, public – type of watercraft using device – type of buoys or floats – type of anchoring system, etc.):

Will device be: Permanently in place: [] Yes [] No
Raised and lowered: [] Yes [] No

6. Name(s) of adjacent property owners(s) (Name, Address, Phone #)

(1) _____

(2) _____

(3) _____

(4) _____

7. Attach map showing exact location (USGS Topographic Map; Navigation Chart; or equivalent)

8. Attach diagram(s) showing layout, method of anchoring (include distance, scale, water depth, etc)

9. Other permits or approvals applied for or obtained:

Issuing Agency: _____

Types of Approval: _____

Date of Application: _____

Date of Approval: _____

10. *I certify under penalty of false statement that the above information is true and accurate to the best of my knowledge. I further certify that I possess the authority to undertake the proposed activities. I agree to install and maintain the proposed special use device in accordance with OAR 250-010-0097, and any other special conditions required.*

Signed: _____ Date: _____

Return to: June LeTarte, Oregon State Marine Board
PO Box 14145, 435 Commercial Street NE #400
Salem OR 97309-5065

Telephone: (503) 378-2617

Fax: (503) 378-4597

Agency Use Only:

Permit Number: _____

Expiration Date: _____

Approval Date: _____