



# Public Facility License Application Form

[www.oregon.gov/dsl](http://www.oregon.gov/dsl)

(West of the Cascade Crest) <b>WESTERN REGION</b> Department of State Lands 775 Summer Street NE, Suite 100 Salem, OR 97301-1279 503-986-5200 504-FAX: 503-378-4844	Mail complete application and non-refundable application fee to your local regional office.  *Existing Authorizations can pay application fee online at:  <a href="https://apps.oregon.gov/dsl/EPS/">https://apps.oregon.gov/dsl/EPS/</a> .	(East of the Cascade Crest) <b>EASTERN REGION</b> Department of State Lands 951 SW Simpson Ave, Suite 104 Bend, OR 97702 541-388-6112 FAX: 541-388-6480
---	---	---

*Modification	\$ 375.00 (Reduction in Lease area)
	\$ 750.00 (Increase in Lease area)
*Renewal	\$ 375.00 (with No Changes)

**New \$750.00**

Existing Department of State Lands No.

AGENCY WILL ASSIGN NO.

## 1 - APPLICANT INFORMATION

Applicant<(Individual, Organization or Entity)			Primary Phone:		
Address:			Cell Phone:		
			Fax:		
			Email:		
Co-Applicant<			Primary Phone:		
Address:			Cell Phone:		
			Fax:		
			Email:		
Contact: (if different than above)	Billing	Other	Primary Phone:		
			Cell Phone:		
Address:			Fax:		
			Email:		
Authorized Agent (if different than applicant)			Primary Phone:		
Address:			Cell Phone:		
			Fax:		
			Email:		

## 2 - PROJECT LOCATION

Street, Road or other descriptive location		Area of Use description				
		Township	Range	Section	Quarter	Tax Lot(s)
In or Near City:	County	County Property Tax Account #		Tax Map #		
Waterway:	River Mile:	Latitude:		Longitude:		

### 3 - PROJECT INFORMATION

Activity Type (Check all that apply):	<b>Area requested (length x width)</b>									
<input type="checkbox"/> Transient Use Boat Docks <input type="checkbox"/> Public Boat Launch Ramp <input type="checkbox"/> Public use view/access structure <input type="checkbox"/> Fishing Pier <input type="checkbox"/> Navigational aids for aviation  <input type="checkbox"/> Other: Please describe use										
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Are you aware of any Endangered Species on the project site?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> <tr> <td>Are you aware of any Cultural Resources on the project site?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Is the project site near a State Scenic Waterway?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> <p>If yes to any of the above, please explain in the project description (Section 4).</p>		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
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								

### 4 - PROJECT PURPOSE & DESCRIPTION

<b>Existing</b>	<b>Proposed</b>
Project Purpose and Need:	
Project Description:	
Estimated Start Date:	Estimated Completion Date:

### 5 - ADDITIONAL INFORMATION

Names, address and phone number for <b>adjacent</b> property owners.				
Riparian Owner Name and Address: (if different than applicant)	Business Phone:			
	Home Phone:			
	Fax:			
	Email Address:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Have you applied for Corps of Engineers or Department of State Lands permits for this project?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> </table> <p>If yes, what identification number(s) were assigned by the respective agencies:</p>		Have you applied for Corps of Engineers or Department of State Lands permits for this project?	Yes	No
Have you applied for Corps of Engineers or Department of State Lands permits for this project?	Yes	No		
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.

Print/Type Name	<i>Signature of local planning official</i>
Title	City / County
	Date

**7- FOR A COMPLETE APPLICATION,  
PLEASE SUBMIT ALL THE FOLLOWING:**

- 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 description of the license use 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 applicable non-refundable application fee. Made payable to: Oregon Department of State Lands.

**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.*

Print /Type Name	Authorized Agent Signature	Title	Date
<i>Authorized Agent Signature I appoint the person named below to act as my duly authorized agent.</i>			
Print /Type Name	Authorized Agent Signature	Title	Date