



Application for Short Term Access Agreement

Date Received:

www.oregon.gov/dsl

(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	Mail completed application to your regional Oregon Department of State Lands office.	(East of the Cascade Crest) EASTERN REGION Department of State Lands 951 SW Simpson Ave, Suite 104 Bend, OR 97701 541-388-6112 FAX: 541-388-6480
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AGENCY WILL ASSIGN NUMBER

Oregon Department of State Lands Application No.

1-APPLICANT INFORMATION

Applicant:	Primary Phone:
Address:	Cell Phone:
	Fax:
	Email:
Authorized Agent:	Primary Phone:
Address:	Cell Phone:
	Fax:
	Email:

2 - PROJECT LOCATION

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

3- PROJECT PURPOSE & DESCRIPTION

Existing	Proposed
Project Purpose and Need:	
Project Description:	
Estimated Start Date:	Estimated Completion Date:

**4 –FOR 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) County Assessor map that contains the riparian uplands. Do not mark on this map.
- c) An aerial photo with the area of intended use outlined on the photo.
- d) A description of the use area with an accurate delineation of the area relative to the tax lot boundaries of the upland parcel.
- e) Sketch or explanation of activity.

5 - APPLICANT SIGNATURE

I hereby request a state authorization for _____ (days or weeks).

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.

Print /Type Name

Title

Applicant Signature

Date

I appoint the person named below to act as my duly authorized agent.

Print /Type Name

Title

Authorized Agent Signature

Date