



Date Received:

Waterway Lease Application Form

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 complete application and non-refundable application fee to your local regional office. *Existing Authorizations can pay application fee online at: https://apps.oregon.gov/dsl/EPS/ .	(East of the Cascade Crest) EASTERN REGION Department of State Lands 951 SW Simpson Ave., Suite 104 Bend, OR 97702 541-388-6112 FAX: 541-388-6480
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*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)				PrimaryPhone:
Address:				Cell Phone:
				Fax:
				Email:
Co-Applicant<				PrimaryPhone:
Address:				Cell Phone:
				Fax:
				Email:
Contact: (if different than above)	Billing	Authorized Agent	Other	PrimaryPhone:
				Cell Phone:
Address:				Fax:
				Email:
Riparian Property Owner<(if different than applicant)				PrimaryPhone:
Address:				Cell Phone:
				Fax:
				Email:

2 - PROJECT LOCATION

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

3 - PROJECT INFORMATION

Activity Type (Check all that apply):

Area requested (length x width)

- a) Log rafts/log storage areas
- b) Commercial marina and floating home moorages
- c) Noncommercial marina and owner-oriented floating home moorages
- d) Marine industrial; marine services; fish processing facilities
- e) Non-marine uses (restaurant, retail sales, offices, motel, residences, etc.)
- f) Historical vessel moorages
- g) Other (Research)

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 to any of the above, please explain in the project description (Section 4).

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, addresses and phone numbers for **adjacent** property owners.

Have you applied for Corps of Engineers or Department of State Lands permits for this project?

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 _____

Print/Type Name _____ Date _____

7 - BUSINESS INFORMATION

LIMITED LIABILITY COMPANY: Complete the following

- Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? Yes No
- Is the LLC presently in good standing with the Oregon Secretary of State? Yes No
- In what state is the LLC primarily domiciled?
- 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 certified copy of the company's Articles of Organization
- A copy of the company's operating agreement

CORPORATION: Complete the following:

- Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? Yes No
- Is the corporation presently in good standing with the Oregon Secretary of State? Yes No
- In what state are you incorporated?
- 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 is authorized to act on behalf of the company in this matter.

8 - LESSEE CHOICE
(Refer to OAR 141-082-0305)

Calculate my rent under the Flat Rate Method.

Calculate my rent based on 5% of the riparian land value.

Calculate my rent based on 3% of the gross annual boat slip rental income.
(Attach monthly income statements for all boat slip rental and boat rental income)

**9 - 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 copy of the current year's property tax statement which identifies the present owner's name(s), land values, land size and tax account numbers of the riparian uplands.
- d) A description of the lease 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).
- e) 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.
- f) Lessee Choice for the calculations of the annual lease fee, Section 8.
- g) Enclose applicable non-refundable application fee, made payable to: Oregon Department of State Lands.

10 - 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

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