



# Application for Use Submerged Land Lease

For Area Office Use Only  
Instrument No.: \_\_\_\_\_

**Instructions:** This form is used by persons seeking to lease state owned submerged and formerly submerged lands pursuant to IDAPA 20.03.17. Please complete this form and submit it, along with the non-refundable filing fee of \$150 and required attachments to your local Idaho Department of Lands Supervisory Area Office.

## Section 1: Applicant Information

Full legal name of applicant: \_\_\_\_\_

Legal status:  
 Individual                                       Trust or non-profit (attach Affidavit of Existence)  
 State government                                       Business (attach Secretary of State Certificate of Existence)  
 City, County, or Federal government                       Other:

Name of primary contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Phone number type:  Work  Home  Cell

Email address: \_\_\_\_\_

Do you currently hold a lease with the Idaho Department of Lands?  No  Yes  
If yes, provide lease number(s): \_\_\_\_\_

Are you require you to obtain worker compensation insurance?  No  Yes

Are there multiple applicants?  No  Yes  
If yes, please complete and attach Attachment A – Multiple Applicants.

## Section 2: Description of Associated Upland Property

Facility name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ AIN/Parcel ID: \_\_\_\_\_

Government Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Body of water: \_\_\_\_\_

## Section 3: Encroachment Description

Encroachment or Stream Channel Alteration Permit Number: \_\_\_\_\_  
Please, attach a copy of the recorded permit.

Identify all encroachments/uses to be under lease:  
 Single-family dock                                       Two-family dock                                       Community dock  
 Commercial marina                                       Store                                       Boat ramp  
 Restaurant                                       Swim area                                       Fill  
 Other(s): \_\_\_\_\_

## Section 4: Discounts

If a commercial marina, you may qualify for a discount on your annual lease payment. Select one of the following that best describes the marina facilities:

25% discount: All marina facilities are made available to the public on a first come, first served basis.  
 50% discount: All marina facilities are made available to the public on a first come, first served basis AND fifty percent (50%) or more of the boat slips are set aside for day use only.  
 None of the above.



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## Section 5: Attachments

Please attach all of the following required attachments, as applicable:

- \$150 nonrefundable filing fee
- Encroachment or Stream Channel Alteration Permit
- A scale drawing of the proposed lease area with plans detailing all intended improvements, including reference to the nearest known property corner(s) (Only required if not included in encroachment/stream channel alteration permit)
- Secretary of State Certificate of Existence (Only required if applicant is a business)
- Affidavit of Existence (Only required if applicant is a trust or non-profit)
- Attachment A – Multiple Applicants (Only required if multiple applicants)

## Section 6: Affidavit

I hereby certify that I am the applicant or authorized representative of the applicant and that the information contained in this application is true and correct to the best of my knowledge and further acknowledge that falsification or misrepresentation of any information contained herein, or provided herewith, will be grounds for denial of the application.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Applicant Name

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Title (if applicable)

State of \_\_\_\_\_ )  
 ) ss.  
 County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, personally appeared \_\_\_\_\_, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

*Seal*

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_