



# Waterway Lease Application Form

Date Received:

[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 FAX: 503-378-4844	Mail completed application with the applicable non-refundable application fee, made payable to:  Oregon Department of State Lands.  We accept Visa and Master Card, please call (503) 986-5200	(East of the Cascade Crest) <b>EASTERN REGION</b> Department of State Lands 1645 NE Forbes Road, Suite 112 Bend, OR 97701 541-388-6112 FAX: 541-388-6480
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<input type="checkbox"/> <b>Modification</b>	<input type="checkbox"/> \$ 375.00 (Reduction in Lease area) <input type="checkbox"/> \$ 750.00 (Increase in Lease area)	<input type="checkbox"/> <b>New \$750.00</b>
<input type="checkbox"/> <b>Renewal</b>	<input type="checkbox"/> \$ 375.00 (with No Changes)	
Existing Department of State Lands No. _____		AGENCY WILL ASSIGN NO. _____

## 1 - APPLICANT INFORMATION

Applicant's Name:	Home /Cell Phone:
Address:	Business Phone:
	Fax:
	Email:
Co-Applicant's Name:	Home /Cell Phone:
Address:	Business Phone:
	Fax:
	Email:
Authorized Agent's Name:	Home /Cell Phone:
Address:	Business Phone:
	Fax:
	Email:
Riparian Property Owner Name: (if different than applicant)	Home /Cell Phone:
	Business Phone:
Address:	Email:
	Fax:

## 2 - PROJECT LOCATION

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

### 3 - PROJECT PURPOSE & DESCRIPTION

Activity Type (Check all that apply):	Area requested (length x width)
a) <input type="checkbox"/> Log rafts/log storage areas	_____
b) <input type="checkbox"/> Commercial marina and floating home moorages	_____
c) <input type="checkbox"/> Noncommercial marina and owner-oriented floating home moorages	_____
d) <input type="checkbox"/> Marine industrial; marine services; fish processing facilities	_____
e) <input type="checkbox"/> Non-marine uses (restaurant, retail sales, offices, motel, residences, etc.)	_____
f) <input type="checkbox"/> Historical vessel moorages	_____
g) <input type="checkbox"/> Other (Research)	_____

Are you aware of any Endangered Species on the project site? Are you aware of any Cultural Resources on the project site? Is the project site near a State Scenic Waterway?	If yes t <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<input type="checkbox"/> Yes	<input type="checkbox"/> No						
<input type="checkbox"/> Yes	<input type="checkbox"/> No						

### 4 - PROJECT PURPOSE & DESCRIPTION

<input type="checkbox"/> Existing Facility	<input type="checkbox"/> Proposed for Construction
<b>Project Purpose and Need:</b>	
<b>Project Description:</b>	
Estimated Start Date:	Estimated Completion Date:

### 5 - ADDITIONAL INFORMATION

Names, addresses and phone numbers for <b>adjacent</b> property owners.	
Have you applied for Corps of Engineers or Department of State Lands permits for this project? <span style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No                 </span>	
If yes, what identification number(s) were assigned by the respective agencies:	
<b>Corps #</b>	<b>State of Oregon #</b>

## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Conditional Use Approval | <input type="checkbox"/> Development Permit |
| <input type="checkbox"/> Plan Amendment           | <input type="checkbox"/> Zone Change        |
| <input type="checkbox"/> 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 legal description of the lease 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