

Application for Use Submerged Land Lease

For Area	Office Use Only
nstrument 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 \$425 and required attachments to your local Idaho Department of Lands Supervisory Area Office.

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Section 1: Applicant Information			
Full legal name of applicant:			
	Trust or non-profit (attach / Business (attach Secretary Other:	Affidavit of Existence) y of State Certificate of Existence)	
Name of primary contact:			
Mailing address (to be used for all correspondence	e):		
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? If yes, provide lease number(s): No Yes			
Do you have any employees that require you to obtain worker compensation insurance? No Yes			
Are there multiple applicants?			
Section 2: Description of Associated Upland P	roperty		
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 Commercial marina Store Restaurant Other(s): Community dock Boat ramp Fill			
Section 4: Discounts			
If a commercial marina, you may qualify for a disconfollowing that best describes the marina facilities: 25% discount: All marina facilities are made and another than the second and the second another than the second and the second another than the second another than the second and the second and the second another than the second and the second another than the second and the second an	le available to the public or le available to the public or	n a first come, first served basis. n a first come, first served basis	

Page 1 of 2 IDLRPP0004 (04/23)



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Section 5: Attachments			
Please attach all of the following required attachme \$425 nonrefundable filing fee Encroachment or Stream Channel Alteratio A scale drawing of the proposed lease area reference to the nearest known property co encroachment/stream channel alteration per Secretary of State Certificate of Existence (Affidavit of Existence (Only required if appli Attachment B – Multiple Applicants (Only re	on Permit a with plans detailing all intended improvements, including orner(s) (Only required if not included in ermit) (Only required if applicant is a business) icant is a trust or non-profit)		
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)			
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:		

Page 2 of 2 IDLRPP0004 (04/23)