



# 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 \$425 and required attachments to your local Idaho Department of Lands Supervisory Area Office.

## Section 1: Applicant Information

Full legal name of applicant:

Legal status:

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                          | <input type="checkbox"/> Trust or non-profit (attach Affidavit of Existence)           |
| <input type="checkbox"/> State government                    | <input type="checkbox"/> Business (attach Secretary of State Certificate of Existence) |
| <input type="checkbox"/> City, County, or Federal government | <input type="checkbox"/> Other:  |

Name of primary contact:

Mailing address (to be used for all correspondence):

City:	State:	Zip:
Contact phone number:	Phone number type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	

Email address:

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

Do you have any employees that require you to obtain worker compensation insurance? ☐ No ☐ Yes

Are there multiple applicants? ☐ No ☐ Yes  
If yes, please complete and attach Attachment B – 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:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Single-family dock | <input type="checkbox"/> Two-family dock | <input type="checkbox"/> Community dock |
| <input type="checkbox"/> Commercial marina  | <input type="checkbox"/> Store           | <input type="checkbox"/> Boat ramp      |
| <input type="checkbox"/> Restaurant         | <input type="checkbox"/> Swim area       | <input type="checkbox"/> Fill           |
| <input type="checkbox"/> 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.



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

- ## Section 6: Affidavit

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