

Idaho Department of Lands

Application	for Us	se
Submerged	Land	Lease

For Area Office Use Only Instrument No.:	

Instructions

This form is used by people 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.

This form is two (2) pages, please read and complete all sections.

	on		
Full legal name of applicant:			
Legal status:			
\square Individual	\square Trust or non-profit	☐ Trust or non-profit (attach Affidavit of Existence)	
☐ State government	\square Business (attach Secr	\square Business (attach Secretary of State Certificate of Existence)	
\square City, County, or Federal governm	ent 🗆 Other:		
Name of primary contact:			
Mailing address to be used for all corr	espondence:		
City:	State:	Zip:	
Contact phone number:	□ Wo	rk 🗆 Home 🗆 Ce	ell
Email address:			
Do you currently hold a lease with the	e Idaho Department of Lanc	ls? □ No □ Y	'es
If yes, provide lease number(s)):		
Are you required to obtain workers' co	ompensation insurance?	□ No □ Y	'es
Section 2: Description of Assoc	iated Upland Property		
Facility name:			
Physical Address:			
City:	State:	Zip:	
County:	AIN/Parcel ID:		_
-	AIN/Parcel ID:		_
County:	AIN/Parcel ID: Section: 1		_
County:Government Lot:	AIN/Parcel ID: Section:T		_
County: Government Lot: Body of Water:	AIN/Parcel ID: Technology Section: Technology	Township:	Range:
County: Government Lot: Body of Water: Section 3: Encroachment Descr	AIN/Parcel ID: Technology Section: Technology Section Permit Number:	Township:	Range:
County: Government Lot: Body of Water: Section 3: Encroachment Descr Encroachment or Stream Channel Alte	AIN/Parcel ID: Section: Telephoneration Permit Number: permit.	Township:	Range:
County: Government Lot: Body of Water: Section 3: Encroachment Descr Encroachment or Stream Channel Alter Please, attach a copy of the recorded Identify all encroachments/uses to be	AIN/Parcel ID: Section: Telephoneration Permit Number: permit.	Township:	Range:
County: Government Lot: Body of Water: Section 3: Encroachment Descr Encroachment or Stream Channel Alter Please, attach a copy of the recorded Identify all encroachments/uses to be Single-family dock	AIN/Parcel ID: Section: Telephoneration Permit Number: permit. under lease:	Township:	Range:
County: Government Lot: Body of Water: Section 3: Encroachment Descr Encroachment or Stream Channel Alte Please, attach a copy of the recorded Identify all encroachments/uses to be Single-family dock	AIN/Parcel ID: Section: Telephoneration Permit Number: permit. under lease: Commercial marina	Township:	Range:

Page 1 of 2

Section 4: Discounts	
If it is a commercial marina, you may qualify for a discount or Select one of the following that best describes the marina facilities are made available to served basis. □ 50% discount: All marina facilities are made available to served basis AND fifty percent (50%) or more of the boundly. □ None of the above.	lities: o the public on a first-come, first- o the public on a first-come, first-
Section 5: Attachments	
Please attach all the following required attachments, as applice □ \$425 non-refundable filing fee □ Encroachment or Stream Channel Alteration Permit □ A scale drawing of the proposed lease area with plans of improvements, including reference to the nearest known required if not included in encroachment/stream chann □ Secretary of State Certificate of Existence (Only required in Affidavit of Existence (Only required if applicant is a true Attachment A – Multiple Applicants (Only required if multiple Applicants)	detailing all intended in property corner(s) (Only el alteration permit) ed if applicant is a business) est or non-profit)
Section 6: Affidavit	
I hereby certify that I am the applicant or authorized represer information contained in this application is true and correct to further acknowledge that falsification or misrepresentation of or provided herewith will be grounds for denial of the applicat	the best of my knowledge and any information contained herein
Applicant Signature Applicant Name	

Applicant Signature	Applicant Name
Date	Applicant Title (if applicable)
State of)	
State of)) ss County of)	
	, in the year 20, personally appeared identified to me to be the person whose name is subscribed
	wledged to me that he/she/they executed the same.
	Notary Public:
Seal	My Commission Expires:

Page 2 of 2