



# Waterway Structure Registration Application

Date Received \_\_\_\_\_

AGENCY WILL ASSIGN NUMBER Waterway Inventory No. _____	AGENCY WILL ASSIGN NUMBER Oregon Department of State Lands Application No. _____
---	---

**SEND COMPLETE AND SIGNED APPLICATION TO:**

(West of the Cascade Crest)

**WESTERN REGION**

Department of State Lands  
 775 Summer Street NE, Suite 100  
 Salem, OR 97301-1279  
 503-986-5200  
 FAX: 503-378-4844

[www.oregonstatelands.us](http://www.oregonstatelands.us)

(East of the Cascade Crest)

**EASTERN REGION**

Department of State Lands  
 1645 NE Forbes Road, Suite 112  
 Bend, OR 97701  
 541-388-6112  
 FAX: 541-388-6480

## 1 - APPLICANT INFORMATION

Applicant's Name and Address: _____ _____ _____	Business Phone: _____ Home Phone: _____ Fax: _____ Email Address: _____
--	--

Is this a registration renewal?  Yes  No  
*(If yes, please complete the Waterway Structure Registration Renewal Application)*

Is this a transfer of registration to a new owner?  Yes  No  
*(If yes, please complete the Waterway Structure Registration Change of Ownership Application)*

Is this a modification?  Yes  No      If Yes: Registration Number \_\_\_\_\_

Has the structure been moved since the last time you registered it?  Yes  No  
 If moved, where? (for example: "moved 30 feet west of old location")

## 2 - STRUCTURE TYPE

<input type="checkbox"/> Dock or Float Only	<input type="checkbox"/> Boat House Only	<input type="checkbox"/> Dock with Boat House (No Upper Deck)	<u>Fee Per 5 Year Term</u>
<input type="checkbox"/> Less than 1,000 sq ft	<input type="checkbox"/> Less than 1,000 sq ft	<input type="checkbox"/> Less than 1,000 sq ft	\$125
<input type="checkbox"/> 1,001 to 2,000 sq ft	<input type="checkbox"/> 1,001 to 2,000 sq ft	<input type="checkbox"/> 1,001 to 2,000 sq ft	\$250
<input type="checkbox"/> 2,001 to 2,500 sq ft	<input type="checkbox"/> 2,001 to 2,500 sq ft	<input type="checkbox"/> 2,001 to 2,500 sq ft	\$300
<input type="checkbox"/> Floating Recreational Cabin (must be less than 1,500 sq ft) See OAR 141-82-0020(24)			\$350
<input type="checkbox"/> <b>Other</b> (Please describe--for example: ski jump, mooring buoy, piling, and navigational aids etc.)			\$125 Minimum
<input type="checkbox"/> <b>Revetments, attenuators, retaining walls, riprap, tidegates, etc.</b>			\$0
<input type="checkbox"/> <b>Structures maintained by a Drainage District (ORS 547)</b>			\$0
<input type="checkbox"/> <b>Rights-of-way established for City &amp; County roads prior to November 1, 1981</b>			\$0
<input type="checkbox"/> <b>Voluntary Habitat Restoration Projects</b>			\$0

### 3 - STRUCTURE INFORMATION

Waterway	River Mile (if applicable)	County		
Legal Description				
Facing downstream, is the structure on the <input type="checkbox"/> Left or <input type="checkbox"/> Right bank?	Township	Range	Section	Quarter
Tax lot number(s) of adjacent upland parcels fronting structure:				
Address of structure:				
Are you the owner of the above referenced tax lot? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide the name and address of the owner):				

### 4 - ADJACENT UPLAND OWNER COMMENTS

**Was this structure placed or modified\* after April 14, 1998?**  Yes  No  
If yes, you must provide the names and addresses of any adjacent upland property owners if within 200 feet of the structure, and their comments concerning the structure you wish to register. \* "Modified," means any changes to the structure.

**A) Adjacent Upland Owner**

Name, address and phone number:	Tax Lot No.:
---------------------------------	--------------

Comments:

I have no objection to the structure.  
 I object to the structure because:  
 Other Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B) Adjacent Upland Owner**

Name, address and phone number	Tax Lot No.
--------------------------------	-------------

Comments:

I have no objection to the structure.  
 I object to the structure because:  
 Other Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5 - 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:
- Conditional Use Approval  
 Plan Amendment  
 Other \_\_\_\_\_

Development Permit  
 Zone Change

An application  has  has not been made for local approvals checked above.

\_\_\_\_\_  
Signature of local planning official

\_\_\_\_\_  
Title

\_\_\_\_\_  
City / County

\_\_\_\_\_  
Date

## 6 - ATTACH ALL THE FOLLOWING FOR APPROVAL: INCOMPLETE APPLICATIONS WILL BE RETURNED

- a) A street or highway location map with road directions to the site from the nearest main highway or road.
- b) County Assessor Tax Map showing the location of structure.
- c) Photos of existing structure or site of proposed structure (land and water view).
- d) Drawing(s) of the proposed or existing structure, with measurements of structure (boat well is included).
- e) Registration fee of \$\_\_\_\_\_ (from Section 2 above). Mail payment to: **Department of State Lands, Unit 18, PO Box 4395, Portland, OR 97208-4395**

I certify that to the best of my knowledge, the structure identified in this application meets all applicable local, state, and federal laws including the local comprehensive land use plan and zoning ordinance requirements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Registration Fee:

Date Paid:

File Number:

Registration Approved By:

**EFFECTIVE DATE:**

**EXPIRATION DATE:**