



Waterway Structure Registration Renewal 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:			
<u>(West of the Cascade Crest)</u> 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		
<u>(East of the Cascade Crest)</u> 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 Mailing Address:	Business Phone:		
	Home Phone:		
	Fax:		
Structure Location:	email Address:		
Has the structure been modified, since the last time you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please complete the Waterway Structure Registration Application)</i>			
Is this a transfer of registration to a new owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please complete the Waterway Structure Registration Change of Ownership Application)</i>			
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"/> Revetments, attenuators, retaining walls, riprap, tidegates, etc.			\$0
<input type="checkbox"/> Structures maintained by a Drainage District (ORS 547)			\$0
<input type="checkbox"/> Rights-of-way established for City & County roads prior to November 1, 1981			\$0
<input type="checkbox"/> Voluntary Habitat Restoration Projects			\$0
<input type="checkbox"/> Other (Please describe--for example: ski jump, mooring buoy, piling, and navigational aids)			\$125 Minimum

3 - 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
 - Development Permit
 - Plan Amendment
 - Zone Change
 - Other _____

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

Signature of local planning official _____ Title _____ City / County _____ Date _____

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

- a) Updated photo of existing structure or site of proposed structure (land and water view).
- b) Drawing(s) of existing structure, with measurements of structure (boat well is included).
- c) 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: