



Application to Remove Material Derived From State-Owned Submerged and Submersible Land

OAR 141-014

Date Received _____

AGENCY WILL ASSIGN NUMBER				
Oregon Department of State Lands Application No. _____				
<u>SEND COMPLETE AND SIGNED APPLICATION TO:</u>				
<u>(West of the Cascade Crest)</u> <u>WESTERN REGION</u> 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> <u>EASTERN REGION</u> Department of State Lands 1645 NE Forbes Road, Suite 112 Bend, OR 97701 541-388-6112 FAX: 541-388-6480	
<input type="radio"/> Lease		<input type="radio"/> License		
<input type="radio"/> New	<input type="radio"/> Renewal	<input type="radio"/> Assignment	<input type="radio"/> Modification	<input type="radio"/> Amendment
1 - APPLICANT INFORMATION				
Applicant's Name and Address: _____ _____ _____		Business Phone: _____ Home Phone: _____ Fax: _____ email Address: _____		
Authorized Agent's Name and Address: _____ _____ _____		Business Phone: _____ Home Phone: _____ Fax: _____ email Address: _____		
Contractor's Name and Address: _____ _____ _____		Business Phone: _____ Home Phone: _____ Fax: _____ email Address: _____		
2 - PROJECT LOCATION				
<input type="radio"/> Directly from state-owned submerged and submersible land or <input type="radio"/> From dredged material that is now on the upland				
Street, Road or other descriptive location		Legal Description		
		Township	Range	Section
		Quarter		
In or Near (City or Town)	County	Tax Map #	Tax Lot #	
Waterway	River Mile	County Property Tax Account Number		

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:

- | | |
|--|--|
| <input type="radio"/> Conditional Use Approval | <input type="radio"/> Development Permit |
| <input type="radio"/> Plan Amendment | <input type="radio"/> Zone Change |
| <input type="radio"/> Other _____ | |

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

Signature of local planning official	Title	City / County	Date
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6 - BUSINESS INFORMATION

LIMITED LIABILITY COMPANY: Complete the following

- | | |
|--|--|
| a) Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? | <input type="radio"/> Yes <input type="radio"/> No |
| b) Is the LLC presently in good standing with the Oregon Secretary of State? | <input type="radio"/> Yes <input type="radio"/> No |
| c) In what state is the LLC primarily domiciled? _____ | |
| d) Is the LLC name and the Oregon business address the same as stated in this application? | <input type="radio"/> Yes <input type="radio"/> No |
- If no, state the legal Name: _____

Address:

Street or Box Number	City	State	Zip Code
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Additionally, a LIMITED LIABILITY COMPANY must submit the following with the application:

- a) A certified copy of the company's Articles of Organization
- b) A copy of the company's operating agreement

CORPORATION: Complete the following:

- | | |
|--|--|
| a) Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? | <input type="radio"/> Yes <input type="radio"/> No |
| b) Is the corporation presently in good standing with the Oregon Secretary of State? | <input type="radio"/> Yes <input type="radio"/> No |
| c) In what state are you incorporated? _____ | |
| d) Is the legal corporation name and Oregon business address the same as stated in this application? | <input type="radio"/> Yes <input type="radio"/> No |

If no, state the legal Corporate Name: _____

Address:

Street or Box Number	City	State	Zip Code
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PARTNERSHIP OR JOINT VENTURE: Complete the following:

NAME	BUSINESS ADDRESS	% SHARE	DIVISION

TRUST: Complete the following for each beneficiary of the Trust:

NAME	BUSINESS ADDRESS

OR identify the Trust document by title, document number, and county where document is recorded:

TITLE	DOCUMENT NUMBER	COUNTY

A resolution that the individual designated to sign the lease is authorized to act on behalf of the company in this matter.

**7 - 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 map. Indicate on map, the location of property and area of dredge spoils.
- c) A copy of the current year's property tax statement which identifies the present owner's name(s), land values, land size and tax account numbers of the riparian uplands.
- d) Documentation that provides the name of the person, agency or party who placed the dredge spoils on said property, along with the amount of sand and approximate date it was placed at the site.
- e) Estimated cubic yards to be removed annually: _____.
- f) Any additional pages to fully describe operating plan
- g) Non-refundable application fee of \$750.00. Mail payment to: **DEPARTMENT OF STATE LANDS, UNIT 18, PO BOX 4395, PORTLAND, OR 97208-4395**

8 - APPLICANT SIGNATURE

I hereby request a state authorization for:

- Less than **(3) calendar years (license)** or A term of _____ (not greater than 10 calendar years)

Application is hereby made for the activities described herein, other associated uses may require a separate application. I certify that I am familiar with the information contained in the application, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I understand that the granting of other permits by local, county, state or federal agencies does not release me from the requirement of obtaining the authorization requested before commencing the project.

Applicant Signature

Title

Date

I appoint the person named below to act as my duly authorized agent.

Print /Type Name

Title

Authorized Agent Signature

Date