

(6) Name(s) of adjacent property owner(s): (Name, Address, Phone #)

(1)

(2)

(3)

(4)

(7) Attach map showing exact location (USGS Topographic Map, Navigation Chart, or equivalent.)

(8) Attach diagram(s) showing layout, method of anchoring (include distance, scale, water depth, etc.)

(9) Other permits or approvals applied for or obtained:

Issuing Agency:

Types of Approval:

Date of Application:

Date of Approval:

(10) *I certify under penalty of false statement that the above information is true and accurate to the best of my knowledge. I further certify that I possess the authority to undertake the proposed activities. I agree to install and maintain the proposed special use device in accordance with OAR 250-010-0097, and any other special conditions required.*

Signed: _____ Date: _____

Return to: Cyndi Bolduc, Oregon State Marine Board
PO Box 14145
435 Commercial Street NE #400
Salem, OR 97309
Telephone: (503) 378-2633 Fax: (503) 378-4597

Agency Use Only:

Permit Number: _____

Approval Date: _____

Expiration Date: _____