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| **DSL new logo 2** | | | Onshore Minerals  Prospecting Permit & Mining Lease  [**www.oregon.gov\dsl**](http://www.oregon.gov\dsl) | | | | | | | | | | **Date Received:** |
| **(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 | | | | | | Mail completed application with the applicable non-refundable fee, made payable to:  Oregon Department of State Lands.  We accept Visa and Master Card, please call (503) 986-5200 | | | | | **(East of the Cascade Crest)**  **EASTERN REGION**  Department of State Lands  951 SW Simpson Ave., Suite #104  Bend, OR 97702  541-388-6112  FAX: 541-388-6480 | | |
| AGENCY WILL ASSIGN NUMBER  **Oregon Department of State Lands Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| **Prospecting Permit** | | | | | | | | **Lease** | | | | | |
|  | New $50.00 | $.50/acre (annually)(3 Year Term) | | | | | |  | New $50.00 | | | $1/per acre per year(10 Year Term) | |
|  | Assignment | $25.00 | | | | | |  | Assignment | | | $50.00 | |
|  | Renewal Fee | $5/acre (annually) | | | | | |  | Renewal Fee | | |  | |
| If requesting a reissuance or a permit different from the current permit, please include the permit number of the current permit: DSL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **1 - APPLICANT INFORMATION** | | | | | | | | | | | | | |
| Applicant’s Name: | | | | | | | | | | Business Phone: | | | |
| Address: | | | | | | | | | | Home /Cell Phone: | | | |
| Mailing Address: | | | | | | | | | | Fax: | | | |
| City: | | | | | State: | | Zip: | | | Email Address: | | | |
| Contractors Name: | | | | | | | | | | Business Phone: | | | |
| Address: | | | | | | | | | | Home /Cell Phone: | | | |
| Mailing Address: | | | | | | | | | | Fax: | | | |
| City: | | | | | State: | | Zip: | | | Email Address: | | | |
| Authorized Agent’s Name: | | | | | | | | | | Business Phone: | | | |
| Address: | | | | | | | | | | Home /Cell Phone: | | | |
| Mailing Address: | | | | | | | | | | Fax: | | | |
| City: | | | | | State: | | Zip: | | | Email Address: | | | |
| **2 - PROJECT LOCATION** | | | | | | | | | | | | | |
| 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 | | | | | | | Other | | | | | | |

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| --- | --- | --- | --- |
| **3 - PROJECT INFORMATION** | | | |
| Activity Type (Check all that apply): | |  | |
| Agriculture | | Scientific experiments | |
| Communications facilities | | Sporting and other events | |
| Wind farms | | Outfitting and guiding services | |
| Industrial, business and commercial purposes | | Motion picture filming and set construction | |
| Residence and recreational cabins | | Other, please describe use: | |
| Native seed harvesting | |  | |
| Are you aware of any Endangered Species on the project site?  Yes  No  Are you aware of any Cultural Resources on the project site?  Yes  No  Is the project site near a State Scenic Waterway?  Yes  No  If yes, please explain in the project description (Section 4). How will activity impact area and proposed mitigation? | | | |
| **4 - PROJECT PURPOSE & DESCRIPTION** | | | |
| Existing | Proposed | | |
| **Project Purpose and Need:** | | | |
| **Project Description:** | | | |
| Estimated Start Date: | | | Estimated Completion Date: |
| **5 - ADDITIONAL INFORMATION** | | | |
| Names, address and phone number for adjacent property owners.          Has the applicant received any prior authorizations from the Department of State Lands?  Yes  No | | | |
| If yes, what identification number(s) were assigned: | | | |
| State of Oregon # | | | |

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| --- | --- | --- |
| **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.** | | |
| **8 - ATTACH ALL THE FOLLOWING FOR APPROVAL:**  **INCOMPLETE APPLICATIONS WILL BE RETURNED** | | |
| 1. A street or highway location map with road directions to the site from the nearest main highway or road. 2. A legal description of the lease area with an accurate delineation of the area relative to the tax lot boundaries of the upland parcel. (The department may require a survey for this purpose). 3. A separate drawing of all existing and proposed structures for the lease area. Label each separate activity type stated in Section 3 and show the dimensions of each area by length and width, as stated in Section 3. 4. Supplemental Attachment: i.e for Communication 5. Non-refundable application fee of $     . | | |
| 9 - APPLICANT SIGNATURE | | |
| **I hereby request a state authorization for**       **(number) years.** | | |
| Application is hereby made for the activities described herein. 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. I understand that payment of the required state application fee does not guarantee authorization. | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | Applicant Signature |  | Title |  | Date | | | | |
|  | | |
| I appoint the person named below to act as my duly authorized agent. | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | Print /Type Name |  | Title |  | Date | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Agent Signature Date | | |