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|  | | Easement Application Form for “Territorial Sea”  Fiber Optic Cable  [**www.oregon**](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 non-refundable application fee, made payable to your regional Oregon Department of State Lands office.  We accept Visa & Master Card; please call (503) 986-5200 | | | | (East of the Casde 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **1 - APPLICANT INFORMATION** | | | | | | | | | | | |
| Applicant is: | Private Facility | | | | | Government Entity | | PUC Regulated Utility | | | Person |
| Applicant’s Name: | | | | | | | Home Phone: | | | | |
| Address: | | | | | | | Business Phone: | | | | |
|  | | | | | | | Fax: | | | | |
|  | | | | | | | Email: | | | | |
| Co-Applicant’s Name: | | | | | | | Home Phone: | | | | |
| Address: | | | | | | | Business Phone: | | | | |
|  | | | | | | | Fax: | | | | |
|  | | | | | | | Email: | | | | |
| Authorized Agent’s Name: | | | | | | | Home Phone: | | | | |
| Address: | | | | | | | Business Phone: | | | | |
|  | | | | | | | Fax: | | | | |
|  | | | | | | | Email: | | | | |
| Riparian Property Owner Name: | | | | | | | Home Phone: | | | | |
| Address: (if different than applicant) | | | | | | | Business Phone: | | | | |
|  | | | | | | | Fax: | | | | |
|  | | | | | | | Email: | | | | |
| **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 | | | | County Property Tax Account Number | | | | |

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| **3 - PROJECT INFORMATION** | | | | | | | | | | |
| Activity Type (Check all that apply): | | | | | | | | | | |
| Fiber Optic  Cable  Other: Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Each crossing requires a separate easement. | | | Total number of crossings requested: | | | | | | | |
| Are there any State, Federal listed, or Candidate Endangered Species  (including plants, fish or wildlife) on the project site? | | | | | | Yes | | | No | Unknown |
| Are there any Cultural Resources on or near the project site? | | | | | | Yes | | | No | Unknown |
| If yes to any of the above, please explain in the project description (Section 4) | | | | | | | | | | |
| **4 - PROJECT PURPOSE & DESCRIPTION** | | | | | | | | | | |
| Existing | | | | | Proposed | | | | | |
| **Project Purpose and Need:** | | | | | | | | | | |
|  | | | | | | | | | | |
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| **Project Description** (including alternative routes considered): | | | | | | | | | | |
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|  | | | | | | | | | | |
| Estimated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Estimated Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **5 - ADDITIONAL INFORMATION** | | | | | | | | | | |
| Name, address and phone number for all adjoining property owners: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
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|  | | | | | | | | | | |
| Have you applied for Corps of Engineers or Department of State Lands permits for this project?  Yes  No | | | | | | | | | | |
| If yes, what identification number(s) were assigned by the respective agencies: | | | | | | | | | | |
| Corps # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | State of Oregon # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **6 - 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 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 | | |
|  |  |  | | | | |  |  | | |
| Print/Type Name |  | Date | | | | |  |  | | |

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| **7 - BUSINESS INFORMATION** | | | | | | |
| **LIMITED LIABILITY COMPANY:** Complete the following | | | | | | |
| Do you have authority from the Oregon Secretary of State to do business in the State of Oregon?  Yes  No  Is the LLC presently in good standing with the Oregon Secretary of State?  Yes  No  In what state is the LLC primarily domiciled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the LLC name and the Oregon business address the same as stated in this application?  Yes  No  If no, state the legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Street or Box Number City State Zip Code | | | | | | |
| Additionally, a LIMITED LIABILITY COMPANY must submit the following with the application:  A certified copy of the company’s Articles of Organization  A copy of the company’s operating agreement | | | | | | |
| **CORPORATION:** Complete the following: | | | | | | |
| Do you have authority from the Oregon Secretary of State to do business in the State of Oregon?  Yes  No  Is the corporation presently in good standing with the Oregon Secretary of State?  Yes  No  In what state are you incorporated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the legal corporation name and Oregon business address the same as stated in this application?  Yes  No  If no, state the legal Corporate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Street or Box Number City State Zip Code | | | | | | |
| **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.** | | | | | | |
| **8 - ATTACH ALL OF THE FOLLOWING FOR APPROVAL:**  **(INCOMPLETE APPLICATIONS WILL BE RETURNED)** | | | | | | |
| 1. A legal description of the requested easement 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). 2. A separate drawing of all existing and proposed structures for the lease area. Label each separate activity type stated in Section 4 and show the dimensions of each area by length and width, as stated in Section 4. 3. Non-refundable application fee of $5,000.000. | | | | | | |
| **9 - APPLICANT SIGNATURE** | | | | | | |
| I hereby request a state authorization for       (number) years.  (The maximum easement term is 20 years with a renewal term of 20 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    Applicant Signature | | | | | | |

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6/6/14