

Submerged Lands Enhancement Fund Grant Application

Date Received:

Department of State Lands
775 Summer Street NE, Suite 100
Salem, OR 97301-1279
503-986-5233
Email: patricia.fox@state.or.us

2019 Deadline: May 6

www.oregon.gov/dsl



1 - APPLICANT INFORMATION	
Applicant's Name and Address:	Primary Phone
	Cell Phone:
	Email:
Co-Applicant's Name and Address:	Primary Phone:
	Cell Phone:
	Email:
Authorized Agent Name and Address:	Primary Phone:
	Cell Phone:
	Email:
Riparian Property owner: (if different than above)	Primary Phone
	Cell Phone:
	Email:

2 - NAME AND LOCATION						
Street, Road or other descriptive location		Use Area Location				
		Township	Range	Section	Quarter	Tax Lot(s)
In or Near (City or Town)	County:	County Property Tax Account #		Tax Map #		
Waterway:	River Mile:	Latitude:		Longitude:		

3- PROJECT INFORMATION		
(Check all that apply)	Activity Type	Area (length x width)
<input type="checkbox"/>	Derelict Piling / Structures	
<input type="checkbox"/>	Abandoned/ Derelict Vessels	
<input type="checkbox"/>	Marine Debris	
<input type="checkbox"/>	Other (explain below)	
Are you aware of any Endangered Species on the project site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any Cultural Resources on the project site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the project site near a State Scenic Waterway?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain in the project description (Section 4).		
How will activity impact area and proposed mitigation?		

4 - PROJECT PURPOSE & DESCRIPTION

 Existing Facility

 Proposed for Construction

Project Purpose and Need:

Project Description: (relevant to Public Trust Value (fisheries, commerce, recreation, navigation etc...))

Estimated Start Date: _____

Estimated Completion Date: _____

5 - ADDITIONAL INFORMATION

Names, addresses, and phone numbers for **adjacent** property owners and participating partners.

Name		Role:	
Address			
Phone			
Name		Role:	
Address			
Phone			
Name		Role:	
Address			
Phone			

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(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 _____

Print/Type Name _____

Date _____

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?

Is the LLC presently in good standing with the Oregon Secretary of State?

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:

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?

In what state are you incorporated? _____

Is the legal corporation name and Oregon business address the same as stated in this application?

If no, state the legal Corporate Name: _____

Address:

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 is authorized to act on behalf of the company in this matter.

8- ADDITIONAL INFORMATION
(Attach all for Approval)

- a) A street or highway location map with road directions to the site from the nearest main highway or road.
- b) Assessor map that contains the riparian uplands. Do not mark on this map.
- c) A separate drawing to a scale of 1 inch = 100 feet of all existing and proposed structures and/or work.
- d) 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.
- e) A legal description of the requested authorization area (s) 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).
- f) Project schedule including beginning and completion.
- g) Project Budget, itemized including use of requested funds and contributing match funds.
- h) Any and All Work Plan or Operation & Maintenance plans that have been prepared for proposed activities.
- i) Confirmation of contributing match.
- j) Mail application with information in this section to: Oregon Department of State Lands 775 Summer St. NE Ste 100 Salem, OR 97301-1279

9- APPLICANT SIGNATURE

I hereby request \$ _____ in funding for this project.

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.

Print /Type Name

Title

Authorized Signature

Date

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

Signature

Date

Print /Type Name

Title

Authorized Agent Signature

Date