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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 Lands775 Summer Street NE, Suite 100Salem, OR 97301-1279503-986-5200FAX: 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 Lands951 SW Simpson Ave., Suite #104Bend, OR 97702541-388-6112FAX: 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 **[ ]**  NoAre you aware of any Cultural Resources on the project site? **[ ]**  Yes **[ ]**  NoIs the project site near a State Scenic Waterway? **[ ]**  Yes **[ ]**  NoIf 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. |
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| Applicant Signature |  | Title |  |  Date |

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| I appoint the person named below to act as my duly authorized agent. |
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| Print /Type Name |  | Title |  |  Date |

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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorized Agent Signature Date |