|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Application for Short Term Access Agreement  **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 to your regional  Oregon Department of State Lands office. | | | (East of the Cascade Crest) BEND FIELD OFFICE 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’s Name: | | | | | | Home/Cell Phone: | | |
| Address: | | | | | | Business Phone: | | |
|  | | | | | | Fax: | | |
|  | | | | | | Email: | | |
| Authorized Agent’s Name: | | | | | | Home/Cell Phone: | | |
| Address: | | | | | | 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 | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3- PROJECT PURPOSE & DESCRIPTION** | | | | |
| Existing | | | Proposed | |
| **Project Purpose and Need:** | |  | | |
|  | | | | |
|  | | | | |
| **Project Description:** |  | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Estimated Start Date: | | | | Estimated Completion Date: |
| 4 –FOR COMPLETE APPLICATION, PLEASE SUBMIT ALL THE FOLLOWING: | | | | |
| 1. A street or highway location map with road directions to the site from the nearest main highway or road. 2. County Assessor map that contains the riparian uplands. Do not mark on this map. 3. An aerial photo with the area of intended use outlined on the photo. 4. A legal description of the use area with an accurate delineation of the area relative to the tax lot boundaries of the upland parcel. 5. Sketch or explanation of activity. | | | | |
| 5 - APPLICANT SIGNATURE | | | | |
| **I hereby request a state authorization for       (days or weeks).** | | | | |
| *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.* | | | | |
| Print /Type Name Title         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date | | | | |
| I appoint the person named below to act as my duly authorized agent. | | | | |
| Print /Type Name Title | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Agent Signature Date | | | | |

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