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| DSL new logo 2 | Special UseApplication Form | Date Received |
| AGENCY WILL ASSIGN NUMBEROregon Department of State Lands Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SEND COMPLETE AND SIGNED APPLICATION TO:** |
| **(West of the Cascade Crest)****WESTERN REGION**Department of State Lands775 Summer Street NE, Suite 100Salem, OR 97301-1279503-986-5200FAX: 503-378-4844 | [**www.oregonstatelands.us**](http://www.oregonstatelands.us) | **(East of the Cascade Crest)****BEND FIELD OFFICE**Department of State Lands951 SW Simpson Ave., Suite 104Bend, OR 97702541-388-6112FAX: 541-388-6480 |
| **[ ]  New** | **[ ]  Renewal** | **[ ]  Assignment** | **[ ]  Modification** | **[ ]  Amendment** |
| **1 - APPLICANT INFORMATION** |
| Applicant’s Name and Address:                | Business Phone:      Home Phone:      Fax:      Email Address:      |
| Co-Applicant’s Name and Address:                | Business Phone:      Home Phone:      Fax:      Email Address:      |
| Authorized Agent Name and Address:                | Business Phone:      Home Phone:      Fax:      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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| **6 - CITY/COUNTY PLANNING 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 |  | Date |
| **7 - BUSINESS INFORMATION** |
| **LIMITED LIABILITY COMPANY:** Complete the following |
| 1. Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? **[ ]**  Yes **[ ]**  No
2. Is the LLC presently in good standing with the Oregon Secretary of State? **[ ]**  Yes **[ ]**  No
3. In what state is the LLC primarily domiciled?
4. 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:1. A certified copy of the company’s Articles of Organization
2. A copy of the company’s operating agreement
 |
| **CORPORATION:** Complete the following: |
| 1. Do you have authority from the Oregon Secretary of State to do business in the State of Oregon? **[ ]**  Yes **[ ]**  No
2. Is the corporation presently in good standing with the Oregon Secretary of State? **[ ]**  Yes **[ ]**  No
3. In what state are you incorporated?
4. 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 |
|       |       |
|       |       |
|       |       |
|       |       |

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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 |
|  Authorized Agent Signature Date |

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Updated 6/5/12