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| DSL new logo 2 | Special Use Application Form | | | | | | | | | | Date Received |
| AGENCY WILL ASSIGN NUMBER  Oregon Department of State Lands Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **SEND COMPLETE AND SIGNED APPLICATION TO:** | | | | | | | | | | | | |
| **(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 | | | | [**www.oregonstatelands.us**](http://www.oregonstatelands.us) | | | | | **(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 | | | |
| **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  No  Are you aware of any Cultural Resources on the project site?  Yes  No  Is the project site near a State Scenic Waterway?  Yes  No  If 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 | | |
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| **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 |
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| **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