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|  | Easement Application Form for “Territorial Sea” Fiber Optic Cable[**www.oregon**](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 non-refundable application fee, made payable to your regionalOregon Department of State Lands office.We accept Visa & Master Card; please call (503) 986-5200 | (East of the Casde 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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **1 - APPLICANT INFORMATION** |
| Applicant is: | [ ]  Private Facility | [ ]  Government Entity | [ ]  PUC Regulated Utility | [ ]  Person |
| Applicant’s Name:       | Home Phone:       |
| Address:       | Business Phone:       |
|        | Fax:       |
|       | Email:       |
| Co-Applicant’s Name:       | Home Phone:       |
| Address:       | Business Phone:       |
|       | Fax:       |
|       | Email:       |
| Authorized Agent’s Name:       | Home Phone:       |
| Address:       | Business Phone:       |
|       | Fax:       |
|       | Email:       |
| Riparian Property Owner Name:       | Home Phone:       |
| Address: (if different than applicant)       | 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      |

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| **3 - PROJECT INFORMATION** |
| Activity Type (Check all that apply): |
| **[ ]** Fiber Optic**[ ]** Cable**[ ]** Other: Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Each crossing requires a separate easement. | Total number of crossings requested:       |
| Are there any State, Federal listed, or Candidate Endangered Species (including plants, fish or wildlife) on the project site? | **[ ]**  Yes | **[ ]**  No | **[ ]** Unknown |
| Are there any Cultural Resources on or near the project site? | **[ ]**  Yes | **[ ]**  No | **[ ]**  Unknown |
| If yes to any of the above, please explain in the project description (Section 4) |
| **4 - PROJECT PURPOSE & DESCRIPTION** |
| **[ ]**  Existing | **[ ]**  Proposed |
| **Project Purpose and Need:**  |
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|  |
| **Project Description** (including alternative routes considered):       |
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| Estimated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Estimated Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5 - ADDITIONAL INFORMATION** |
| Name, address and phone number for all adjoining property owners: |
|  |
|  |
|  |
|  |
|  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 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 |  |  |

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| **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? **[ ]**  Yes **[ ]**  NoIs the LLC presently in good standing with the Oregon Secretary of State? **[ ]**  Yes **[ ]**  NoIn 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Street or Box Number City State Zip Code |
| Additionally, a LIMITED LIABILITY COMPANY must submit the following with the application:A certified copy of the company’s Articles of OrganizationA 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 **[ ]**  NoIs the corporation presently in good standing with the Oregon Secretary of State? **[ ]**  Yes **[ ]**  NoIn what state are you incorporated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 |
|       |       |
|       |       |
| **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 OF THE FOLLOWING FOR APPROVAL:****(INCOMPLETE APPLICATIONS WILL BE RETURNED)** |
| 1. A legal description of the requested easement 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).
2. A separate drawing of all existing and proposed structures for the lease area. Label each separate activity type stated in Section 4 and show the dimensions of each area by length and width, as stated in Section 4.
3. Non-refundable application fee of $5,000.000.
 |
| **9 - APPLICANT SIGNATURE** |
| I hereby request a state authorization for       (number) years. (The maximum easement term is 20 years with a renewal term of 20 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 Date Applicant Signature  |

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6/6/14