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|  | Application to Remove Material  Derived From State-Owned Submerged and Submersible Land  **www.oregonstatelands.us** | | | | | | | | 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 | | | | | Mail completed application with the $750.00 non-refundable application fee, made payable to Oregon Department of State Lands.  We accept Visa and Master Card; please call  (503) 986-5253. | | | | **(East of the Cascade Crest)**  **EASTERN REGION**  Department of State Lands  951 SW Simpson Ave, Suite 104  Bend, OR 97702  541-388-6112  FAX: 541-388-6480 | | |
| Lease | | | | | | License | | | | | |
| New | | | Renewal | | | Assignment | | Modification | | | |
| **1 - APPLICANT INFORMATION** | | | | | | | | | | | |
| Applicant’s Name and Address: | | | | | | | Business Phone:  Home Phone:  Fax:  Email Address: | | | | |
| Authorized Agent’s Name and Address: | | | | | | | Business Phone:  Home Phone:  Fax:  Email Address: | | | | |
| Contractor’s Name and Address: | | | | | | | Business Phone:  Home Phone:  Fax:  Email Address: | | | | |
| 2 - PROJECT LOCATION | | | | | | | | | | | |
| Directly from state-owned submerged and submersible land or  From dredged material that is now on the upland | | | | | | | | | | | |
| 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 - OPERATING PLAN  (Attach additional pages, if necessary, to fully describe the project and removal) | | |
| 1. Purpose for need of material removal request? | | |
| 1. Method and equipment used to remove and process material from authorized area. | | |
| 1. Sequence of when and where material will be removed over the term of the lease or license. | | |
| 1. How will applicant address environmental issues associated with the proposed removal of material. | | |
| 1. Provide map and address of permanent disposal site location. | | |
| 1. What is dredged material going to be used for at permanent disposal site? | | |
| Estimated Start Date: | | Estimated Completion Date : |
| 4 - UPLAND PROPERTY OWNER INFORMATION\* | | |
| Is the property on/from which the aggregate is being removed:  Privately Owned  State Owned | | |
| \*Information concerning the owners of the property adjacent to, or underlying the material you want to remove  Names, addresses and phone numbers for adjacent 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 #: | Department of State Lands #: | |

-2-

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| **5 - 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(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. | | | | | | | | | | | |
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| Signature of local planning official | |  | | Title | |  | City / County | | |  | Date | |
| **6 - 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 is authorized to act on behalf of the company in this matter.** | | | | | | | | | | | |

-3-

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| 7 - FOR A COMPLETE APPLICATION  PLEASE SUBMIT ALL OF 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. Indicate on map, the location of property and area of direct removal or dredge material. 3. A copy of the current year’s property tax statement which identifies the present owner’s name(s), land values, land size and tax account numbers of the riparian uplands. 4. Documentation that provides the name of the person, agency or party who placed the dredge material (if applicable) on said property, along with the amount of sand and approximate date it was placed at the site. 5. Estimated cubic yards to be removed annually: 6. Any additional pages to fully describe operating plan 7. Non-refundable application fee of $750.00. |
| **8 - APPLICANT SIGNATURE** |
| **I hereby request a state authorization for:**  Less than **(3) calendar years (license) or**  A term of       (not greater than 10 calendar years) |
| Application is hereby made for the activities described herein, other associated uses may require a separate application. 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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-4-