

Name(s) of adjacent property owner(s) (Name, Address, Phone #)

1 _____
2 _____
3 _____
4 _____

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- Attach map showing exact location (USGS Topographic Map, navigation chart, or equivalent)
 - Attach diagram(s) showing layout, method of anchoring (including distance, scale, water depth, etc.)
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Other permits or approvals applied for or obtained

Issuing agency _____
Types of approval _____
Date of application _____
Date of approval _____

I certify under penalty of false statement that the above information is true and accurate to the best of my knowledge. I further certify that I possess the authority to undertake the proposed activities. I agree to install and maintain the proposed special use device in accordance with OAR 250-010-0097, and any other special conditions required.

Signed: _____ **Date:** _____

Return to: **Randy Sigman, Oregon State Marine Board**
PO Box 14145
435 Commercial St NE # 400
Salem OR 97309-5065

Telephone: (503) 871-4941 Fax: (503) 378-4597

Agency Use Only:

Permit Number: _____
Expiration Date: _____ Approval Date: _____