



Oregon State Marine Board
 PO Box 14145
 435 Commercial St NE, #400
 Salem OR 97309-5065
 (503) 487-4941

Date Received: _____

Special Use Device Permit Application

IMPORTANT:

- For the purpose of this rule the term Special Use Device includes waterski courses, ski jumps, race buoys, kayak race gates and other floating devices used to mark water events. These rules apply to all of the waters of this state. (OAR 250-010-0097)

Name of Applicant _____

Authorized Agent _____

Organization Address _____

Phone # _____

Renewal— please provide: Permit Number: _____ Expiration Year: _____
 New Application

Type of Device(s)

Water Ski Course Kayak Race Gates Ski Jump Race Buoys Other (describe):

Location

Name of Waterway _____ County _____

Section/Township/Range

River Mile (if appropriate) _____

Date of Installation _____ Date of Removal _____

Describe Proposed Use:

Typical time of use: _____

Days of the week: _____

Duration of daily use: _____

Typical number of users: ____ Boats ____ Persons

Describe purpose and intended use (private, public – type of watercraft using device – type of buoys or floats – type of anchoring system, etc.): _____

Will device be: Permanently in place? Yes No

Raised and lowered Yes No



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

1 _____

2 _____

3 _____

4 _____

- 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.)

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: _____