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| Logo  Description automatically generated | | Easement Application Form Across State Land or Waterbody  [**www.oregon.gov/dsl**](https://www.oregon.gov/dsl/Pages/default.aspx) | | | | | | | | | Date Received: | |
| **(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 non-refundable application fee, made payable to  Oregon Department of State Lands | | | | | **(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 | | |
| **For Office Use Only:**  **AGENCY WILL ASSIGN NUMBER**  **Oregon Department of State Lands Application No.\_\_\_\_\_\_\_\_** | | | | | | | **Please indicate Existing:**  **Oregon Department of State Lands Application No.\_\_\_\_\_\_\_** | | | | | |
| **1 - APPLICANT INFORMATION** | | | | | | | | | | | | |
| Applicant is: | Private Facility | | | | | Government Entity | | PUC Regulated Utility | | | | Person |
| Applicant’s Name and Address: | | | | | | | | | Home Phone: | | | |
|  | | | | | | | | | Business Phone: | | | |
|  | | | | | | | | | Fax: | | | |
|  | | | | | | | | | Email: | | | |
| Co-Applicant’s Name and Address: | | | | | | | | | Home Phone: | | | |
|  | | | | | | | | | Business Phone: | | | |
|  | | | | | | | | | Fax: | | | |
|  | | | | | | | | | Email: | | | |
| Authorized Agent’s Name and Address: | | | | | | | | | Home Phone: | | | |
|  | | | | | | | | | Business Phone: | | | |
|  | | | | | | | | | Fax: | | | |
|  | | | | | | | | | Email: | | | |
| Riparian Property Owner Name and Address: (vested); if different than applicant | | | | | | | | | Home Phone: | | | |
|  | | | | | | | | | 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): | | | | | | | | | | | | | | | | | | | |
| a) | Water | Storm water | | | | | Sewer | | | | | Gas | | | | | Electricity | | |
|  | Combined Water Pipeline & Associated Fixture | | | | | | | | | Combined Sewer/Storm water | | | | | | | | | |
|  | Communication Cable | | | Pressure Sewer Line | | | | | | | | Effluent Outfall and Diffuser | | | | | | | |
|  | Area request (length x width): | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| b) | Ditches | Irrigation | | | | | | | Mining | | | | | | Drainage | | | | |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Area request (length x width): | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | |  | | | | |  | | | |
| c) | Railroad | | Road, trail | | | | | | | | Bridge | | | | | | | | |
|  | Area request (length x width): | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | |  | | | |  | | | |
| d) | Surface | | | | Subsurface | | | | | | | Overhead | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| e) | Other: Describe: | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | |  | | | | | |  |
| f) | Each crossing requires a separate easement. | | | | | | | | Total number of crossings requested: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| a) | Are there any State, Federal listed, or Candidate Endangered Species (including plants, fish or wildlife) on the project site? | | | | | | | | | | | Yes | | No | | | | Unknown | |
|  |  | | | | | | | | | | |  | |  | | | |  | |
| b) | Are there any Cultural Resources on or near the project site? | | | | | | | | | | | Yes | | No | | | | Unknown | |
|  |  | | | | | | | | | | |  | |  | | | |  | |
| c) | Is the project site near a State Scenic Waterway? | | | | | | | | | | | Yes | | No | | | | Unknown | |
|  |  | | | | | | | | | | |  | |  | | | |  | |
| d) | If yes to any of the above, please explain in the project description (Section 4) | | | | | | | | | | | Yes | | No | | | | Unknown | |
| If you are applying for a special use easement for water pipeline and associated fixture, do you have a pending or valid Department of Water Resources application to appropriate water?  Yes  No  Unknown | | | | | | | | | | | | | | | | | | | |

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| **4 - PROJECT PURPOSE & DESCRIPTION** | | |
| Existing | Proposed | |
| **Project Purpose and Need:** | | |
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| **Project Description** (include alternative sites considered): | | |
|  | | |
|  | | |
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| Estimated Start Date: | | Estimated Completion Date: |

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| **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(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 |

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| **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 |

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| **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 | |
|  | |  | | |  | |
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|  | |  | | |  | |
| **A resolution that the individual designated to sign is authorized to act on behalf of the company in this matter.** | | | | | | |

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| **8 - FOR A COMPLETE APPLICATION,**  **PLEASE SUBMIT ALL THE FOLLOWING:** |
| 1. A street or highway location map with road directions to the site from the nearest main highway or road. 2. Assessor map that contains the riparian uplands. Do not mark on this map.   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.   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 to scale of all existing and proposed structures for the easement 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. 3. Non-refundable application fees:   **Trust Lands:** $750.00 for utility easements  $1500.00 for all other trust land easement requests  **Waterways** (submerged and submersible lands):  $125.00 for structures or facilities necessary for the use of water on submerged land subject to an easement  $750.00 for term waterway easements |
| **9 - APPLICANT SIGNATURE** |
| I hereby request a state authorization for       (number) years.  (The maximum easement term is 30 years. The Department may issue permanent easements for qualifying uses. |
| *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.* |
| 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 |