



Waterway Structure Registration Application

DATE RECEIVED:

www.oregon.gov/dsl/

Department of State Lands
775 Summer Street NE, Suite 100
Salem, OR 97301-1279
PHONE: 971-599-9082
FAX: 503-378-4844

Make checks payable to Oregon Department of State Lands.

To pay by Visa or Master Card visit
<https://www.oregon.gov/dsl/Pages/payments.aspx>.

To email documents, send to registrations.dsl@dsl.oregon.gov.

Registration # **-RG**

Please complete the sections based on the option you select below

☐ Applying for a new Registration	→	Sections 1, 2, 3, 4, 5; Sign page 2
☐ Renewal of an existing Registration with no changes	→	Sections 1, 2, & 5; Sign page 2
☐ Amendment to an existing Registration (e.g. add sq. ft., moving structure, etc.)	→	Sections 1, 2, 3, 4, 5; Sign page 2

Section 1 - APPLICANT INFORMATION

Applicant's Name:		Home Phone:
Mailing Address:		Business/Other Phone:
City:		Fax:
State:	Zip:	Email Address:
Address of Structure Location (if applicable):		

Section 2 - STRUCTURE TYPE (check all applicable boxes)

Dock or Float Only	Boat House Only	Dock with Boat House	Fee (per 5 Year Term)
☐ Less than 1,000 sq ft	☐ Less than 1,000 sq ft	☐ Less than 1,000 sq ft	\$250
☐ 1,001 to 2,000 sq ft	☐ 1,001 to 2,000 sq ft	☐ 1,001 to 2,000 sq ft	\$500
☐ 2,001 to 2,500 sq ft	☐ 2,001 to 2,500 sq ft	☐ 2,001 to 2,500 sq ft	\$600
☐ Floating Recreational Cabin (must be less than 1,500 sq ft)			\$700
NO FEE CATEGORY	☐ Revetments, attenuators, retaining walls, riprap, tidegates, etc.		\$0
	☐ Structures maintained by a Drainage District (ORS 547)		\$0
	☐ Rights-of-way established for City or County roads prior to Nov. 1, 1981		\$0
	☐ Voluntary Habitat Restoration Projects		\$0
	☐ Other structure associated with dock, boat house, or floating rec. cabin (e.g. boat ramp, mooring buoy, piling, etc.)		\$0
☐ Other structure not associated with dock, boat house, or floating rec. cabin (e.g. boat ramp only, mooring buoy only, piling only, etc.)			\$250/structure type

Section 3 - STRUCTURE INFORMATION

Waterway	River Mile	County
Are you the owner of tax lot where the structure is located? ☐ Yes ☐ No (If no, please provide the owner's name and address)	Legal Description where the structure is located: Township Range Section Quarter Tax Lot No.(s) _____ Latitude: _____ Longitude: _____	

Section 4 - CITY/COUNTY CERTIFICATE OF COMPLIANCE

(Submit to local planning official for completion)

- ☐ 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:
A. Conditional Use Approval B. Development Permit C. Plan Amendment D. Zone Change
E. Other _____

An application ☐ has ☐ has not been made for local approvals checked above.

Comments:

Signature of local planning official

Title

City/County

Date

Print Name: _____

Section 5 - ATTACHMENTS

- ☐ A street or highway location map with road directions to the site from the nearest main highway or road.
☐ County Assessor Tax Map showing the location of structure.
☐ Photos of existing structure, or of the site of proposed structure (land and water view).
☐ Drawing(s) of the existing structure or the proposed, with measurements of structure. (boat well included)

INCOMPLETE APPLICATIONS WILL BE RETURNED Please Make a Copy for Your Records

By signing this application, I certify to the best of my knowledge, the structure identified in this application meets all applicable local, state and federal laws including the local comprehensive land use plan and zoning ordinance requirements. Failure to do so will invalidate this registration and result in a trespass, subject to civil penalties provided in OAR 141-082-0130.

Applicant Signature

Date