



Short Term Access Agreement Application Form

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

www.oregonstatelands.us

(East of the Cascade Crest)

EASTERN REGION

Department of State Lands
1645 NE Forbes Road, Suite 112
Bend, OR 97701
541-388-6112
FAX: 541-388-6480

1 - APPLICANT INFORMATION

Applicant's Name and Address:

Business Phone: _____

Home Phone: _____

Fax: _____

email Address: _____

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

3 - PROJECT PURPOSE & DESCRIPTION

Project Purpose and Need:

Project Description:

Estimated State Date _____

Estimated Completion Date _____

**4 - ATTACH ALL THE FOLLOWING FOR APPROVAL:
INCOMPLETE APPLICATIONS WILL BE RETURNED**

- a) A street or highway location map with road directions to the site from the nearest main highway or road.
- b) County Assessor map. Do not mark on this map.
- c) An aerial photo with the right of entry area description indicated on the photo.
- d) A legal description of the use area with an accurate delineation of the area relative to the tax lot boundaries of the upland parcel.
- e) Sketch or explanation of activity

5 - APPLICANT SIGNATURE

I hereby request a state authorization for _____ (days or weeks).

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 permits requested before commencing the project.

Applicant Name

Title

Date

Print /Type Name

Title

Authorized Agent Signature

Date