Waterway Structure Registration Application

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

www.oregonstatelands.us

Mail completed application with the non- refundable application fee, made payable to: Oregon Department of State Lands.

We accept Visa & Master Card; please call (503) 986-5253.

(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

Please complete the sections or forms based on the option you select below

☐ **Applying for a new structure registration**	**Sections 1, 2, 3, 4, 5; Sign page 2**
☐ **Renewal of an existing Registration, with no changes** →	**Sections 1 & 2; Sign page 2**
☐ **Amendment to an existing Registration** →	**Sections 1, 2, 3, 4, 5; Sign page 2**
☐ **Adding additional structures to an existing registration**	If any of the boxes to the left are checked, please provide your registration number.
☐ **Modifying an existing registration** (e.g. add sq. ft.) Changes fee class _____	_____-RG
☐ **Moving the structure to a different location** (e.g. a new taxlot) _____	
Change of Ownership—STOP and please submit the following form →	***Change of Ownership*** form

1 - APPLICANT INFORMATION

Applicant's Name:	Home Phone:
Mailing Address:	Business/Other Phone:
City:	Fax:
State: Zip:	Email Address:
Structure Address	

2 - STRUCTURE TYPE (check 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	$150
☐ 1,001 to 2,000 sq ft	☐ 1,001 to 2,000 sq ft	☐ 1,001 to 2,000 sq ft	$300
☐ 2,001 to 2,500 sq ft	☐ 2,001 to 2,500 sq ft	☐ 2,001 to 2,500 sq ft	$360
Floating Recreational Cabin (must be less than 1,500 sq ft) See OAR 141-82-0020(24)			$420

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** (e.g. boat ramp, mooring buoy, piling, etc.) _____		$150.00/ other structure
	TOTAL:	**$**

3 - STRUCTURE INFORMATION

Waterway	River Mile	County

Are you the owner of the above referenced tax lot? ☐ Yes ☐ No (If no, please provide the owner's name and address):	Legal Description Township Range Section Quarter Tax Lot No.(s)

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: _____

5 - ATTACH ALL THE FOLLOWING FOR APPROVAL OF NEW REGISTRATIONS

☐ Section 4 – To be Completed by City or County Planning Official.
☐ 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

FOR AGENCY USE ONLY

AGENCY USE			AGENCY USE
	Fee received: $	**Registration No. _____ - RG**	
	Effective Date:	**Expiration Date:**	