

(6)

ADDITIONAL INFORMATION

Adjoining Property Owners and Their Address and Phone Numbers *(if more than 5, attach printed labels*)*

Labels attached.

Has the proposed activity or any related activity received the attention of the Corps of Engineers or the Department of State Lands in the past, e.g., wetland delineation, violation, permit, lease request, etc.? Yes No

If yes, what identification number(s) were assigned by the respective agencies:

Corps #

State of Oregon #

Has a wetland delineation been completed for this site? *NA* Yes No

*If yes, by whom**

Has the wetland delineation been approved by DSL or the COE? *NA* Yes No

*(If yes, attach concurrence letter.)**

7) CITY/COUNTY PLANNING DEPARTMENT AFFIDAVIT *(to be completed by local planning official) **

I have reviewed the project outlined in this application and have determined that:

This project is not regulated by the comprehensive plan and land use regulations.

This project is consistent with the comprehensive plan and land use regulations.

This project will be consistent with the comprehensive plan and land use regulations when the following local approval(s) are obtained.

Conditional Use Approval Development Permit Other

This project is **not** consistent with the comprehensive plan. Consistency requires a

Plan Amendment Zone Change Other

An application has has not been filed for local approvals checked above.

See attached signature – the form was changed between the time when the signature was obtained and the permit was submitted.

Local planning official name (print) _____ Signature _____ Title _____ City / County _____ Date _____

Comments:

(8)

COASTAL ZONE CERTIFICATION *

If the proposed activity described in your permit application is within the Oregon coastal zone, the following certification is required before your application can be processed. A public notice will be issued with the certification statement, which will be forwarded to the Oregon Department of Land Conservation and Development for its concurrence or objection. For additional information on the Oregon Coastal Zone Management Program, contact the department at 635 Capitol Street NE, Suite 150, Salem, Oregon 97301 or call 503-373-0050.

CERTIFICATION STATEMENT

I certify that, to the best of my knowledge and belief, the proposed activity described in this application complies with the approved Oregon Coastal Zone Management Program and will be completed in a manner consistent with the program.

Print /Type Name _____

Title _____

Applicant Signature _____

Date _____

* *Italicized areas are not required by the Corps for a complete application, but may be necessary prior to final permit decision by the Corps.*