

OREGON PARKS AND RECREATION DEPARTMENT OCEAN SHORE PERMIT APPLICATION

APPLICANT/PROPERTY OWNER INFORMATION

1. Applicant/Property Owne		y Owner Name:					
		Mailin	Mailing Address:				
		City, S	tate, Zip:				
		Phone	(work):				
		Phone	(home):				
		Fax:					
		Email:					
2. Supplemental Applicant(s)/Property Owner(s): Yes (Attach completed Supplemental Application(s))							n(s)) 🗌 No
3. Contractor/Agent Name:							
		Mailin	Mailing Address:				
		City, S	City, State, Zip:				
		Phone	Phone (work):				
		Phone	Phone (home):				
		Fax:	· · · ·				
		Email:					
4.							
5. PROJECT DESCRIPTION SUMMARY 6. ADDENDUMS REQUIRED Please provide a brief description of your project. 6.							
Addendum A – Shoreline Protection Structures							ection Structures
Addendum B – Access ways / Other Misce Projects							Other Miscellaneous
Addendum C – Sand Altera						Sand Alteration	1
				Addendum D – Natural Product Removal			
				Addendum E – Marine Algae Collection			
					Addendum F – Pipeline, Cable or Conduit		
For Official Use Only							
OP	RD Number:	BA-	Coordinator:			Date Posted	:
Date Received:			Permit Fee:		Hearing Required:	Yes	No No
Pro	perty Location:				Decision Due:		