

FISH PROPAGATION PLANNING APPROVAL

1. Licensee _____ Phone _____
Business Name _____
Address _____
City/State/Zip _____
Propagation License Number _____
Signature of Licensee _____ Date _____

2. Location of Project:
Stream Name _____
Watershed (Major Drainage) _____
County _____
T _____ R _____ Sec _____ Tax Lot _____

3. City/County Planning Department Affidavit **(to be completed by a local planning official)**.

_____ 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.

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_____ Consistency of this project with the local planning ordinance cannot be determined until the following local approvals are obtained:

_____ Conditional Use Permit	_____ Development Permit
_____ Plan Amendment	_____ Zone Change
_____ Other	

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

Signature Title

Date

For further information, please contact:

Logan Kent
Salem (503) 947-6249
Logan.N.Kent@odfw.oregon.gov

