

RETURN TO:

ARIZONA STATE LAND DEPARTMENT
PUBLIC COUNTER
1616 WEST ADAMS
PHOENIX, ARIZONA 85007

SUBMIT NON-REFUNDABLE
\$100 FILING FEE

DEPARTMENTAL USE ONLY		ROLODEX # _____	
ACCOUNTING	T&C	RECOMMENDATION/INITIAL	DATE
Filing Fee: \$100	Exam: _____ Exam #: _____ Int Title: _____ App Entry: _____	Approve _____ Deny _____ Reject _____ Withdraw _____	
N(34)	R(35)		

NON-COMMERCIAL SOVEREIGN LAND BOAT DOCK / LAUNCH RAMP PERMIT APPLICATION

Type or print in ink.

APPLICATION NO. 23- _____ -26

Complete **ALL** questions, **SIGN** and submit application with **REQUIRED DOCUMENTS** and **\$100.00 NON-REFUNDABLE** filing fee.

1. APPLICANT:

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____ Area Code / Phone No. _____

Email Address (optional) _____

TYPE OF APPLICATION:

NEW

RENEWAL

Limited to sovereign land on the Colorado River. For the purpose of this application, *Sovereign land* is defined as land under the Colorado River from its centerline to the Ordinary High Water Mark.

2. List your County Name and Assessor Parcel Number: _____ and attach a copy of your Deed or Notice of Valuation.

3. Attach a map or County Assessor plat that will identify the location of the boat dock by Township, Range, & Section.

4. Does the boat dock/launch ramp being applied for already exist? Yes No

(FOR OFFICE USE ONLY)

LEGAL DESCRIPTION:

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY	CTY	GRT	PARCEL
_____	_____	_____	Colorado River Boat Dock/Launch Ramp	0.01	_____	_____	165	_____

5. **ATTACH** a sketch of the proposed/existing boat dock/launch ramp showing the following:
 - a. Property boundary (Note: County Assessor survey plat, title plat, survey by licensed engineer, etc. may be used)
 - b. Dimensions
 - c. Construction materials
 - d. Location of slips (Note: No more than 2 slips are allowed per boat dock)
 - e. Anchoring mechanism type and location.
6. **ATTACH** copies of all permits (City, County, Bureau of Reclamation, U.S. Army Corps of Engineers, etc.) that are necessary for the construction and maintenance of the boat dock/launch ramp.
7. **APPLICANT(S) COMPLETE AND SIGN PAGE 4. THE APPLICANT'S ORIGINAL SIGNATURE SHOULD BE SUBMITTED.**

PLEASE NOTE THE FOLLOWING:

Each Permit allows for only one boat dock or launch ramp.

An application for an initial Permit shall not be approved for a period of longer than two years with an annual fee of \$100.00.

The State of Arizona owns the land under the Colorado River from its centerline to the Ordinary High Water Mark. The ownership of this land stems from Arizona's sovereignty over the bed of all navigable streams within its boundaries.

The Permit entitles the Permittee to use the sovereign land; however, it *does not* authorize the Permittee to construct, operate, or maintain any encroachment on navigable waters. Authorizations to construct, operate, or maintain a boat dock or other encroachment is under the jurisdiction of, and permitted by, the U.S. Army Corps of Engineers.

Any new construction or repair work done on the subject land must be done by a licensed, bonded, and insured contractor authorized to do business in the State of Arizona.

Uses permitted on sovereign land:

- a. Non-Commercial boat dock/launch ramp for recreational purposes
- b. Personal use by upland owner and guests

Uses **NOT** permitted on sovereign land:

Commercial or 2nd party rental of the boat dock/launch ramp is expressly prohibited

Documents required prior to issuing permit:

- a. Proof of insurance
- b. Copies of all permits necessary for the construction of the boat dock / launch ramp
- c. Sketch of the proposed/existing boat dock/launch ramp

IMPORTANT INSURANCE COVERAGE NOTICE

In order to facilitate the application process, you must provide a Certificate of Insurance with the following:

Permittee shall procure and maintain for the duration of the Permit, insurance against claims for injury to persons or damage to property which may arise from or in connection with this Permit.

The *insurance requirements* herein are minimum requirements for a Permit and in no way limit the indemnity covenants contained in the Permit. The State of Arizona in no way warrants that the minimum limit contained herein is sufficient to protect the Permittee from liabilities that might arise out of a Permit. Permittee is free to purchase such additional insurance as Permittee determines necessary.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Permittee shall provide coverage with limits of liability not less than those stated below.

General Liability – Occurrence Form: Policy shall include bodily injury, property damage and personal injury coverage.
●General Aggregate - \$500,000 ●Each Occurrence - \$500,000

B. ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed to include, the following provisions:

1. Permittee's insurance coverage shall be primary insurance with respect to all other available sources.
2. Coverage provided by Permittee shall not be limited to the liability assumed under the indemnification provisions of the Permit.

C. NOTICE OF CANCELLATION: The insurance policy required by the insurance provision of the Permit shall not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to State Land Department and shall be sent by certified mail, return receipt requested.

D. ACCEPTABILITY OF INSURERS: Insurance is to be placed with duly licensed or approved non-admitted insurers in the State of Arizona with an “A.M. Best” rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Permittee from potential insurer insolvency.

E. VERIFICATION OF COVERAGE: Permittee shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by the Permit. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates are to be received and approved by the State of Arizona before the permit term commences. The insurance policy required by the Permit must be in effect at or prior to the commencement of the Permit and must remain in effect for the duration of the Permit. Failure to maintain the insurance policies as required by the Permit or to provide timely evidence of renewal will be considered a material breach of the Permit.

All certificates required by the Permit shall be sent directly to State Land Department. The State of Arizona Land Department, permit number and location description are to be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies and endorsements required by the Permit at any time.

F. APPROVAL: Any modification or variation from the *insurance requirements* in the Permit must have prior approval from the State of Arizona Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal contract amendment, but may be made by administrative action.

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and/or the organization you represent and sign the certification or your application will not be processed.
NOTE: Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership _____ Ltd Partnership _____ Estate _____ Trust _____ Ltd. Liability Co.
 _____ Joint Venture _____ Municipality _____ Political Subdivision _____ Other (specify) _____

2. **INDIVIDUAL(S) OR HUSBAND & WIFE:** Complete the following for each applicant:
 NAME AGE MARITAL STATUS

3. **CORPORATION:** Complete the following:
 (A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes _____ No _____
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes _____ No _____
 (C) In what state are you incorporated? _____
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes _____ No _____
 If no, state the Legal Corporate Name: _____
 Address: _____
 (Street or Box Number) (City) (State) (Zip)

4. **LIMITED LIABILITY COMPANY:** Complete the following:
 (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission? Yes _____ No _____
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission? Yes _____ No _____
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes _____ No _____

5. **PARTNERSHIP OR JOINT VENTURE:** Complete the following for each authorized partner or principal in the partnership or joint venture:
 NAME BUSINESS ADDRESS AGE MARITAL STATUS

6. **LIMITED PARTNERSHIP:** Is this Limited Partnership on file with the Arizona Secretary of State? Yes _____ No _____
 Complete the following for the authorized general partner(s) only:
 GENERAL PARTNER(S) NAME BUSINESS ADDRESS

7. **ESTATE:** Complete the following and attach a copy of the court or estate document(s):
 Name of the court appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____
 (Type of Document) (Date issued)

8. **TRUST:** (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:
 NAME ADDRESS AGE MARITAL STATUS

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.
SIGNATURE(S)

_____ (Name of Corporation, Partnership, etc.)	_____ Date	_____ Signature of Applicant (Individual)	_____ Date
_____ Signature	_____ Title	_____ Signature of Applicant (Individual)	_____ Date