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

SUBMIT NON-REFUNDABLE $100 FILING FEE

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:

   TYPE OF APPLICATION:
   □ NEW
   □ RENEWAL

   Mailing Address

   City State Zip

   Contact Person Area Code / Phone No.

   Email Address (optional)

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

   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.
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 2\textsuperscript{nd} 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