CONFEDERATED TRIBES UMATILLA INDIAN RESERVATION

Planning Office – 46411 Tímine Way, Pendleton, Oregon, 97801

REMOVAL OR FILL APPLICATION

(Please print)				Fee: \$35.00
Applicant's Name				
Address			_ Telephone	
City	State	Zip		
2. Project Supervisor's Name				
Address			_ Telephone	
City	State	_Zip		
3. Property Owner's Name				
Address			_ Telephone	
City	State	Zip		
4. Will the project be: Remova	al Fill Co	ombination	Riprap	
5. Will your <u>fill</u> consist of: Ro Will Removal consist of: R				
6. Volume of removal required				_
Volume of fill material requ				
7. Name of waterway affected	by project			
a. Tributary of				-
b. River mile	Section	n Towr	ship	Range
c. County				
d. Popular location	n description of	project location	on:	
8. What is the purpose of	your project? _			

File #: _____

9. Describe y		on (attach additional sheet if ne	cessary):
10. Where w	rill you place dredge s	poils, if any?	
11. When wi	all project start?es the project site lool	Be completed? k like at the present time?	
13. What ste	ps do you plan make		dition?
14. Please pr		with the removal and/or fill are	
Date		Applicant's Signature	
			File #:

TRIBAL PLANNING OFFICE USE ONLY

Date Filed:		Fee Paid:		
Received By:_				
Zoning	Zone C	Change File #:	<u> </u>	
Internal Revie	ew (please list any	conditions below):		
Cultural Resou	ırces:		Date	
Water Resourc	es:		Date	
Wildlife:			Date	
Range, Ag & F	Forestry:		Date	
CONDITIONS	S:			
Recommended	Action:			
		Reason for finding: _		
T 1 1 D1 '	O.C.C.		D.	
Tribal Planning	g Office:		Date:	

File #: _____