STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES Division of Mining, Land and Water

LAND USE PERMIT APPLICATION

AS 38.05.850

Applicants must complete all sections of this application. In addition, applicants proposing:

- the use of the uplands must also complete the Supplemental Questionnaire for Use of State-Owned Uplands accompanying this application;
- off-road travel must also complete the Supplemental Questionnaire for Off-Road Travel accompanying this
 application; and/or
- the use of shorelands, tidelands, and submerged lands must also complete the Supplemental Questionnaire for Use of State-Owned Waters accompanying this application.

Other items that must accompany the completed application are:

- <u>a (non-refundable) application fee</u>; see current Director's Fee Order or contact your regional office for applicable fees;
- a topographic map or aerial photo showing the location of the proposed activity;
- additional items identified and required in any supplemental questionnaire(s) to this application; and
- additional pages if more space is necessary to answer the questions completely.

Completed Land Use Permit Applications should be submitted electronically or mailed to one of the following offices:

Northern Region Land Office 3700 Airport Way Fairbanks, AK 99709-4699 (907) 451-2740 nro.lands@alaska.gov

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Southcentral Region Land Office 550 West 7th Ave, Suite 900C Anchorage, AK 99501-3577 (907) 269-8503 dnr.scro.permitting@alaska.gov Southeast Region Land Office P. O. Box 111020 Juneau, AK 99811-1020 (907) 465-3400 sero@alaska.gov

Statewide TTY - 771 for Alaska Relay or 1-800-770-8973

LAS #	
(Applicant please provide if known)	
Applicant Information:	
Name: State of Alaska	Date of Birth: N /A
Doing Business As: ADF&G Sport Fish	Business License #:
Mailing Address: 1300 College Rd.	EIN:
Fairbanks, Ak 99701	Contact Person: Rick Queen
0	Home Phone:
	Work Phone: 907-459-7270
Email Address: rick.queen@alaska.gov	Cell Phone:
	Fax: 907-459-7347

LAS #: 23063 Land Use Permit Application Form 102-1084A (Rev.9/21)

If you are applying for a corporation, give the following information: Name, address and place of incorporation:	
N/A	
Is the corporation qualified to do business in Alaska? Yes \Box No \Box	
If yes, provide name, address and phone number of the resident agent:	
Type of User (Select One): ☐ Private non-commercial (personal use)	$\hfill\Box$ Commercial Recreation or Tourism
Public Non-profit including Federal, State, Municipal Government Agency	☐ Other commercial or industrial
Duration of Project: The proposed activity will require the use of state land for:	(Check one)
\square A single term of less than one year. Beginning month:	Ending month:
A multi year term for up to 5 years. Beginning year:	Ending year: 2027
If multi year and seasonal, mark months of use in each year.	
□ Jan, □ Feb, □ Mar, □ Apr, □ May, □ Jun, □ Jul, □ Aug, □ Sept,	□ Oct, □ Nov, □ Dec
Project Location:	
Latitude/Longitude or UTM: 63.73195/ 144.71263	or
Section: $\underline{6}$ Township: $\underline{14S}$ Range: $\underline{16E}$ Meridian:	Fairbanks
Section: Township: Range: Meridian:	
Proposed project will require the use of up to $\frac{1.0}{}$ acres.	
(Please add additional sheets for this section as necessary)	

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Project Description: Describe in detail your intended use of state land. (State land also includes all tide and submerged lands beneath coastal waters and all shorelands beneath other navigable waterbodies of the state.) Discuss development and activities. (Attach additional pages as necessary.)					
This is an existing permitted site, developed by Fish and Game as an angler access site.					
Should a portion of the permitted area be closed to the general public? Yes \square No \blacksquare .					
If yes, explain which portion and provide justification for exclusive use.					
Site Description: Briefly describe the current condition of the proposed site of use, noting any trash, garbage, debris or signs of possible site contamination. (If significant, we recommend you provide pictures to establish initial conditions.)					
This site is in operational condition and has no known contamination issues.					

Land Use Permit Application Form 102-1084A	Page 4 of 6				
LAS #: 23063					
 Indicate the number of employees and supervisors who will be working on the site. 2 Indicate the number of customers who will be using the site per year or season. 200 Indicate the number of days the site will be used per year or season. 50 					
Number of people: 1. Indicate the number of employees and supervisors who will be werking and the site.					
To access the site, the aircraft is equipped with floats \square wheels \square skis \square .					
N/A					
If your access is by aircraft, specify the type and size of aircraft:					
There is an existing ATV/snowmachine trail to the site.					
Site Access: Describe how you plan to access the site, and your mode of transportation.					
The site is located in a mixed spruce and birch forest with an understory of willow and grasses. This site is also near the shore of Craig Lake and could possibly be used by a wide range of an	imals.				
estuarine, riparian, or wetlands and any noticeable animal use of area.					
Describe the natural vegetation – ground cover, trees, shrubs – and any proposed changes. D	escribe the location of any				
The site consists of 1 tent platform, 1 4x4 outhouse and a steel fire ring.					
Are there improvements or materials on the site now? Yes \Box No \Box If yes, briefly describe the improvements, their approximate value, and who owns them. (We recommend you provide pictures of improvements.)					

(Rev.9/21)

Environmental Risk / Hazardous Substances: In the course of your proposed activity will you generate, use, store, transport, dispose of, or otherwise come in contact with toxic and/or hazardous materials, and/or hydrocarbons?
Yes ■ No □ . If yes, please describe:
The types and volumes of fuel or other hazardous substances present or proposed:
Gasoline and oil for ATV/snowmachine 5 gallons or less
The specific storage location(s):
N/A
The spill plan and prevention methods:
N/A
If you plan to use either above or below ground storage containers (like tanks, drums, or other containers) for hazardous material storage, answer the following questions for each container:
Where will the container be located?
N/A
What will be stored in the container?
N/A
What will be the container's size in gallons? N/A
LAS #: 23063
Land Use Permit Application Form 102-1084A Page 5 of 6

(Rev.9/21)

Give a description of any secondary containment structure, including volume in gallons, the type of lining material, and configuration:					
N/A					
Will the container be tested for leaks? Yes $\ \square$ No $\ \square$.					
Will the container be equipped with leak detection devices?	Yes □ No □.	. If no , describe:			
N/A					
Do you have any reason to suspect, or do you know if the site Yes No . If yes, please explain:	e may have been	n previously contaminated?			
Signature of Applicant or Authorized Representative	FWT V Title	12/13/2021 ———————————————————————————————————			
This form must be filled out completely and submitted with in processing your permit. AS 38.05.035(a) authorizes the di application for the sale or use of state land and resources. T records and becomes public information under AS 40.25.110 confidentiality under AS 38.05.035(a)(8) and confidentiality information is open to inspection by you or any member of may challenge its accuracy or completeness under AS 44.99 information, the changes needed to correct it, and a name a statements made in an application for a benefit are punishal	rector to decide his information of and 40.25.120 is requested, AS the public. A per 310, by giving a and address whe	e what information is needed to process is made a part of the state public land (unless the information qualifies for 6 43.05.230, or AS 45.48). Public rson who is the subject of the informat written description of the challenged ere the person can be reached. False	s an		
In submitting this form, the applicant certifies that he or she changed the original text of the form or any attached docume provided by the Division. In submitting this form, the application with the Department to use "electronic" means to conduct (as those terms are used in the Uniform Electronic Transaction 09.80.010 – AS 09.80.195) that relate to this form and that the Department need not retain the original paper form of this repartment may retain this record as an electronic record at the original.	nents ant agrees 'transactions" ons Act, AS he record: the	For Department Use Only Application received date stamp Receipt Type: 7A RR FF			

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