



Oregon Department of Transportation  
Application Form for State Highway Approach

Date Received  
06/16/2023

Applicant Information			
Last Name: Miles		First Name: Robert	
Company Name (if applicable): Imperial River Company			
Street Address: 304 Bakeoven Rd			
City: Maupin	State: OR	ZIP: 97037	County: Wasco
Mailing Address:			<input checked="" type="checkbox"/> Check if the same
City:	State:	ZIP:	County:
Phone: (541) 225-5180	Cell: (541) 993-3955	FAX:	
Email: rob@deschutesriver.com			
Location of Proposed Approach			
<input type="checkbox"/> Check if the same as the street address above			
Street Address (if established):			
City: Maupin	State: OR	ZIP: 97037	County: Wasco
Highway Name: US-197 The Dalles California Hwy		Route:	Milepoint: MP 45.89 R MP 45.89 L
Side of Highway: <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input checked="" type="checkbox"/> West			
Type of Approach			
<input checked="" type="checkbox"/> New approach <input type="checkbox"/> Change of Use <input type="checkbox"/> Temporary <input type="checkbox"/> Special Use <input type="checkbox"/> Grandfathered			
Property Owner Information			
Is the applicant the owner of the subject property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO; if YES skip to Box 6; if NO continue to Box 5.			
Authorization of Designated Agent			
I/We <u>Robert Miles</u>		<i>printed owner(s) name</i>	
authorize <u>Nace Mitchell</u>		<i>printed applicant name</i>	
to represent me as my agent in the matter of this State Highway Approach Permit Application.			
Signature(s):			Date: 9/26/2023
Applicant Signature			
<i>I certify that to the best of my knowledge, the information on this application and the required attachments are true and correct, that I have the authority to apply for this permit, and if it is approved that throughout its operation I will be bound by the terms of OAR 734-051.</i>			
Printed name: Robert A Miles			
Signature: <u>Robert A. Miles</u>			Date: 6/16/23

Property Use to be Served by Proposed Approach							
Describe the <u>existing</u> land use on the subject property: ancillary local vehicle traffic							
Describe the <u>proposed</u> land use on the subject property: access to future RV park development							
County Assessor Map Numbers							
Fill in the township, range, section, and tax lot numbers. Attach a copy of the current assessor map(s).							
Township	Range	Section	Tax Lot	Township	Range	Section	Tax Lot
4S	14	32DD	5600				
Property Owner Information							
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Email: rob@deschutesriver.com							
Are there co-owners of the property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO; if YES attach the same details above in a separate document.							
Trip Generation							
Existing Average Daily Trips:				Proposed Average Daily Trips:			
6		Total of all vehicles entering/exiting property		50		Total of all vehicles entering/exiting property	
0		Total of all vehicles ≥ 26,000 GVW		0		Total of all vehicles ≥ 26,000 GVW	
Site Plan							
A site plan is a required attachment to the <i>Application Form for State Highway Approach</i> (see instructions Attachment A).							

ODOT Use Only			
Deviation requested? <input type="checkbox"/> YES <input type="checkbox"/> NO; if YES indicate the type of deviation(s) requested:			
<input type="checkbox"/> Access Spacing	<input type="checkbox"/> Channelization	<input type="checkbox"/> Sight Distance	
Traffic Impact Analysis required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Neighbor Notification required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Traffic Impact Analysis waived?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Neighbor Notification complete?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Waived by:	Date:		



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