



Record No. 217-_____-_____ PLNG

Fee(s): Residential \$720.00
Commercial \$1067.00
Addressing \$110.00

Crook County Community Development

300 NE 3rd Street, Room 12, Prineville Oregon 97754

Phone: 541-447-3211 / Fax: 541-416-2139

Email: plan@co.crook.or.us / Website: www.co.crook.or.us

SITE PLAN REVIEW -RESIDENTIAL & ACCESSORY BLDGS

Destination Resort

NOTICE TO ALL APPLICANTS: THE CROOK COUNTY COMMUNITY DEVELOPMENT, PLANNING DIVISION IS REQUIRED TO REVIEW ALL APPLICATIONS FOR ACCURACY AND DETERMINE THE ADEQUACY OF INFORMATION NEEDED TO MAKE A DECISION. CROOK COUNTY CODE (C.C.C.) ALLOWS 30 DAYS TO DETERMINE WHETHER THE APPLICATION IS COMPLETE. IF THE PLANNING DIVISION DETERMINES THAT YOUR APPLICATION IS INCOMPLETE, YOU WILL BE REQUESTED IN WRITING TO PROVIDE THE NECESSARY MISSING INFORMATION, AND A DECISION ON YOUR APPLICATION WILL BE POSTPONED UNTIL THE INFORMATION IS RECEIVED. ***MAKE SURE YOUR APPLICATION IS COMPLETE. THE BURDEN OF PROOF LIES WITH THE APPLICANT.***

PROPERTY OWNER

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____ ALTERNATE PHONE: (_____) _____ - _____

EMAIL: _____

AGENT / REPRESENTATIVE

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____ ALTERNATE PHONE: (_____) _____ - _____

EMAIL: _____

PROPERTY LOCATION

TOWNSHIP _____ SOUTH, RANGE _____ EAST WM, SECTION _____, TAX LOT _____

SIZE OF PROPERTY: _____ ACRES ZONING: _____

PHYSICAL ADDRESS: _____

SUBDIVISION, IF APPLICABLE: _____

PROPOSED:

RESIDENCE _____ **OR** **REPLACEMENT RESIDENCE** _____

- A. HEIGHT OF STRUCTURE: _____ FEET (PEAK)
- B. NUMBER OF STORIES: _____
- C. TOTAL SQUARE FOOTAGE OF PROPOSED STRUCTURE: _____
- D. RESIDENCE: _____ SQ. FT. / GARAGE: _____ SQ. FT. / DECKING – PATIO: _____ SQ. FT.

ACCESSORY STRUCTURE _____

- A. SIZE _____ USE _____
- B. IS THIS AN ADDITION TO AN EXISTING ACCESSORY STRUCTURE: YES _____ NO _____
- C. EXISTING STRUCTURE SIZE: _____ SQUARE FEET NO. OF STORIES _____

COMMENTS _____

SERVICES AND IMPROVEMENTS

WATER WILL BE SUPPLIED BY **AVION WATER**

PHONE: 541.382.5342 (OFFICE)
ADDRESS: 60813 PARRELL ROAD, BEND, OR 97702

PRINT NAME: _____ PHONE: _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

SEWER WILL BE PROVIDED BY **BRASADA RANCH UTILITY, LLC**

PHONE: 541.323.6087 (OFFICE) / 541.604.0043 (CELL – BOB MCDANIEL)
ADDRESS: 1230 GOLDEN PHEASANT DRIVE, REDMOND, OR 97756

PRINT NAME: _____ PHONE: _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

ADDRESS APPLICATION

THE “ADDRESS” APPLICATION MUST BE SUBMITTED WITH YOUR SITE PLAN REVIEW APPLICATION. THE FEE WILL BE COLLECTED WHEN YOU SUBMIT YOUR SITE PLAN REVIEW.

WARRANTY DEED

A COPY OF THE **WARRANTY DEED** INDICATING THE CURRENT PROPERTY OWNER MUST BE ATTACHED WITH THIS APPLICATION. (CONTACT THE CROOK COUNTY CLERK’S OFFICE AT 541.447.6553. COURTHOUSE BUILDING ROOM 23)

SIGNATURES

I AGREE TO MEET THE STANDARDS GOVERNING THE LAWS FOR "SITE PLAN REVIEWS" AS OUTLINED IN THE STATE OF OREGON'S OAR, ORS, CROOK COUNTY CODE, AND CROOK COUNTY – PRINEVILLE COMPREHENSIVE PLAN. I AGREE THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

PROPERTY OWNER SIGNATURE: _____ DATE _____

PRINT NAME: _____

PROPERTY OWNER SIGNATURE: _____ DATE _____

PRINT NAME: _____

AGENT/REPRESENTATIVE SIGNATURE: _____ DATE _____

PRINT NAME: _____

(NOTE: IF AGENT/REPRESENTATIVE IS SUBMITTING YOUR APPLICATION ON BEHALF OF THE PROPERTY OWNER, THE "LETTER OF AUTHORIZATION" FORM MUST BE COMPLETED AND ATTACHED TO THIS APPLICATION)

NOTE: ATTACH A COPY OF AN **APPROVED** "PLOT PLAN" AUTHORIZED BY THE "**BRASADA RANCH DESIGN REVIEW COMMITTEE.**" SAID PLOT PLAN OR SITE PLAN MUST BE STAMPED AND SIGNED BY AN AUTHORIZED PERSON OF THE BRASADA RANCH DESIGN REVIEW COMMITTEE.

THE "SITE PLAN" MUST BE SUBMITTED ON 8-1/2 X 11



City / County ADDRESS APPLICATION

CROOK COUNTY COMMUNITY DEVELOPMENT
300 NE 3RD ST. RM 12 PRINEVILLE, OR 97754
PH: (541) 447-3211 FAX: (541) 416-2139
bld@co.crook.or.us

Application Submittal Date Stamp
FOR OFFICE USE ONLY

CITY AND/OR COUNTY PLANNING APPROVAL IS REQUIRED PRIOR TO ISSUANCE. APPROVAL OF THIS APPLICATION AND ISSUANCE OF AN ADDRESS IN NO WAY REPRESENTS CROOK COUNTY'S OPINION ABOUT THE STATUS OF LEGAL ACCESS TO THE SUBJECT PROPERTY. APPLICANTS ARE ENCOURAGED TO INVESTIGATE THE TITLE AND LEGAL ACCESS RIGHTS TO THE PROPERTY AT THEIR EXPENSE.

Site Information

Tax Map #: _____

() CITY () COUNTY

Subdivision Name: _____

This request is for: () NEW ADDRESS () ADDRESS CHANGE () OTHER

Phase: _____ Block: _____ Lot: _____

If request is for an address change, please explain why: _____

Is there currently a dwelling on this property? Yes () No () If yes, how many? _____

If yes, what is the address of the existing dwelling(s)? _____

Is this for a Medical Hardship? Yes () No () Is this for an accessory farm dwelling? Yes () No ()

What is the use of the structure for this address? (home, barn, shop commercial etc.) _____

Is this a corner lot? Yes () No () Is the access to your property directly off of a named road? Yes () No ()

Is the access to your property through an easement? Yes () No () Name of easement? _____

Additional Property Information

Owner / Applicant Information

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____

Applicant's Name (Please print): _____ Title: _____

Signature of Applicant: _____ Date: _____ Daytime Phone: _____

For Office Use Only

Fees	Office Use	Initial	Date
No. of Addresses Issued X \$110.00 =	Agencies Notified:		
No. of Fire Markers Issued X \$25.00 =	Road Modification:		
Date Paid: _____	GIS Changes:		
() Check () Cash () CC	E911 (new range):		
Office Use Assigned by: _____ Date: _____	Planning Approval #:		
New Address _____	Comments:		
Postal District: _____			
Total Amount Due: _____			

SITE PLAN PAGE MUST BE COMPLETED FOR THIS APPLICATION TO BE ACCEPTED