



Record No. 217-____ - _____ PLNG

Accessory \$275 / Residential \$550
Addressing \$110 / Fire Marker \$25.00

Crook County Community Development

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

Phone: 541-447-3211 Ext #1 / Fax: 541-416-2139

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

SITE PLAN REVIEW – RESIDENTIAL & ACCESSORY BLDGS.
NEW & REPLACEMENT

(All Zones **EXCEPT** EFU1, EFU2, EFU3, EFU-JA and F1 Zones)

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 Authorization Form Required

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: _____

FLOOD ZONE: IS THE PROPERTY LOCATED WITHIN A FLOOD ZONE? YES _____ NO _____

DETAILED EXPLANATION:

PLEASE EXPLAIN WHAT STRUCTURES **ARE EXISTING** ON THE SUBJECT PROPERTY AND **WHAT YOU'RE REQUESTING.**

PROPOSAL REQUEST:

IS THIS REQUEST FOR A "**NEW**" OR "**REPLACEMENT**" DWELLING? NEW _____ REPLACEMENT _____

SITE BUILT DWELLING: _____ MANUFACTURED DWELLING: _____ NUMBER OF STORIES: _____

HEIGHT OF STRUCTURE: _____ FEET TOTAL [/] OF THE PROPOSED DWELLING: _____

IF A MANUFACTURED DWELLING: YEAR _____ DOUBLE-WIDE _____ TRIPLE-WIDE _____

WILL AN "RV" BE USED AS A "**TEMPORARY**" DWELLING DURING THE CONSTRUCTION OF PROPOSED DWELLING?

YES _____ NO _____

IF **REPLACING AN "EXISTING" DWELLING**, PLEASE ANSWER THE FOLLOWING:

IS IT A SITE BUILT? _____ OR A MANUFACTURED DWELLING _____

WHAT YEAR WAS THE SITE BUILT RESIDENCE OR MANUFACTURED DWELLING "LAWFULLY" ESTABLISHED ON THE PROPERTY?

(PLANNING DEPARTMENT APPROVAL NUMBER & DATE) _____

IF A MANUFACTURED DWELLING, LIST YEAR, MAKE & MODEL TO BE REMOVED? _____

WILL THE EXISTING SITE BUILT OR MANUFACTURED DWELLING BE REMOVED FROM THE PROPERTY OR DEMOLISHED ON SITE?

REMOVED FROM THE PROPERTY: YES ____ NO ____ IF YES, WHEN: _____ (DATE)

IF MOVING THE MANUFACTURED DWELLING TO ANOTHER SITE WITHIN CROOK COUNTY, WHAT IS THE MAP TAX LOT #

_____ AND SITUS ADDRESS? _____

IF MOVING THE MANUFACTURED DWELLING OUT OF CROOK COUNTY, WHAT IS THE ADDRESS IT WILL BE MOVED TO:

DEMOLISHED ON SITE? YES _____ NO _____ IF YES, WHEN: _____ (DATE)

WILL THE EXISTING "SITE BUILT" RESIDENCE BE BURNED DOWN OR DEMOLISHED ON SITE?

YES _____ NO _____ IF YES, WHEN: _____ (DATE)

IMPORTANT NOTICE: IF THE "EXISTING" RESIDENCE IS TO BE REMOVED, DEMOLISHED ON SITE, OR WAS BURNED DOWN, A "**DEMO PERMIT**" IS REQUIRED. IF THE RESIDENCE BURNED DOWN, AS A PART OF YOUR DEMO PERMIT, YOU'LL NEED A COPY OF THE REPORT FROM THE CROOK COUNTY FIRE & RESCUE.

_____ PROPERTY OWNERS INITIAL

_____ DEMO / REMOVAL PERMIT APPLICATION SUBMITTED: **FEE \$75**

IF THE EXISTING RESIDENCE IS A "MANUFACTURED DWELLING", AS REQUIRED BY CHAPTER 18.132 OF THE CROOK COUNTY CODE, THE MANUFACTURED DWELLING MUST BE REMOVED FROM THE PROPERTY WITHIN 30 DAYS OF RECEIVING A FINAL INSPECTION ON THE REPLACEMENT DWELLING. PURSUANT TO CHAPTER 18.132 – MANUFACTURED AND MOBILE HOMES, THE MANUFACTURED DWELLING SHALL BE USED SOLELY FOR THE PURPOSE OF A RESIDENTIAL DWELLING. USE OF A MANUFACTURED DWELLING FOR STORAGE IS PROHIBITED.

_____ PROPERTY OWNER INITIAL

ACCESSORY BUILDINGS: LIST ALL "PROPOSED" **ACCESSORY** STRUCTURES

PROPOSED ACCESSORY #1

SIZE _____ USE _____

IS THIS AN ADDITION TO AN EXISTING ACCESSORY STRUCTURE: YES _____ NO _____

EXISTING STRUCTURE SIZE: _____ [/] NO. OF STORIES _____

PERSONAL USE: YES _____ NO _____ COMMERCIAL USE: YES _____ NO _____

COMMENTS _____

PROPOSED ACCESSORY #2

SIZE _____ USE _____

IS THIS AN ADDITION TO AN EXISTING ACCESSORY STRUCTURE: YES _____ NO _____

EXISTING STRUCTURE SIZE: _____ [/] NO. OF STORIES _____

PERSONAL USE: YES _____ NO _____ COMMERCIAL USE: YES _____ NO _____

COMMENTS _____

DOMESTIC WATER

WATER WILL BE SUPPLIED BY: (CHECK ONLY ONE)

- _____ AN EXISTING INDIVIDUAL WELL
- _____ A PROPOSED INDIVIDUAL WELL
- _____ SHARED WELL (NUMBER OF DWELLINGS _____)

IF SHARED WELL, INDICATE THE LOCATION OF WELL AND OTHER PROPERTY LOCATIONS ON THE PLOT PLAN/SITE PLAN (TAX MAP #), AS WELL AS A COPY OF A RECORDED "SHARED WELL AGREEMENT." A "SHARED WELL" IS 3 OR LESS DWELLINGS ON ONE WELL UN-REGULATED SYSTEM.

_____ OTHER: PLEASE EXPLAIN _____

_____ COMMUNITY WATER SYSTEM: NAME _____ PWS# _____

COMMUNITY WATER SYSTEM AUTHORIZATION:

PRINT NAME: _____ PHONE: _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

ON-SITE SEPTIC - WASTEWATER

_____ COPY of SOIL SITE EVALUATION

_____ COPY of APPROVED AUTHORIZATION

ACCESS / ROADS

INDICATE THE TYPE OF ACCESS USED TO THE PROPERTY: (CHECK ONE)

COUNTY _____ PUBLIC _____ PRIVATE _____ STATE _____

➤ IF PRIVATE EASEMENT, PROVIDE LEGAL RECORDED DOCUMENTATION.

- IF ACCESSING FROM THE OREGON STATE HIGHWAY, AN “APPROVED” ODOT PERMIT MUST BE ATTACHED:
- IF ACCESSING FROM A “COUNTY MAINTAINED” OR “PUBLIC” ROAD, AN APPROVED ROAD APPROACH PERMIT MUST BE ATTACHED, OR YOU WILL BE REQUIRED TO APPLY FOR THIS PERMIT.

IRRIGATION WATER RIGHT

PLEASE INDICATE THE LOCATION OF ALL EXISTING WATER RIGHTS, NUMBER OF ACRES, AND PROPOSED DIVISION OF WATER RIGHTS. IF YOU DON'T HAVE IRRIGATION WATER RIGHTS, PLEASE ANSWER QUESTIONS A, D AND E.

IF THE PROPERTY HAS IRRIGATION WATER RIGHTS, WHO IS THE SUPPLIER:

_____ **CENTRAL OREGON IRRIGATION DISTRICT:** PHONE 541-548-6047 / FAX 541.548.0243
 _____ **OCHOCO IRRIGATION DISTRICT:** PHONE 541-447-6449 / FAX 541.447.3978
 _____ **WATER RESOURCES DEPARTMENT:** PHONE 541-306-6885 / FAX 541.388.5101
 _____ **PEOPLE'S IRRIGATION DISTRICT:** PHONE 541-447-7797
 _____ **OTHER:** _____

- A. DOES THE PROPERTY HAVE IRRIGATION WATER RIGHT? YES _____ NO _____
 B. AMOUNT OF ACRES OF IRRIGATION WATER RIGHT? _____ ACRES
 C. AMOUNT OF WATER RIGHT ACRES TO BE TRANSFERRED? _____ ACRES
 D. IS THERE AN IRRIGATION DITCH AND/OR AN UNDERGROUND PIPELINE THAT RUNS THROUGH THE PROPERTY? YES _____ NO _____
 E. A DISTRIBUTION POINT FOR IRRIGATION LOCATED ON PROPERTY? YES _____ NO _____

WATERMASTER SIGNATURE: _____ **DATE:** _____
PRINT NAME CLEARLY: _____ **PHONE:** _____

IRRIGATION DISTRICT SIGNATURE: _____ **DATE:** _____
PRINT NAME CLEARLY: _____ **PHONE:** _____

COMMENTS:

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 OWNER NAME CLEARLY: _____

PROPERTY OWNER SIGNATURE: _____ **DATE** _____

PRINT OWNER NAME CLEARLY: _____

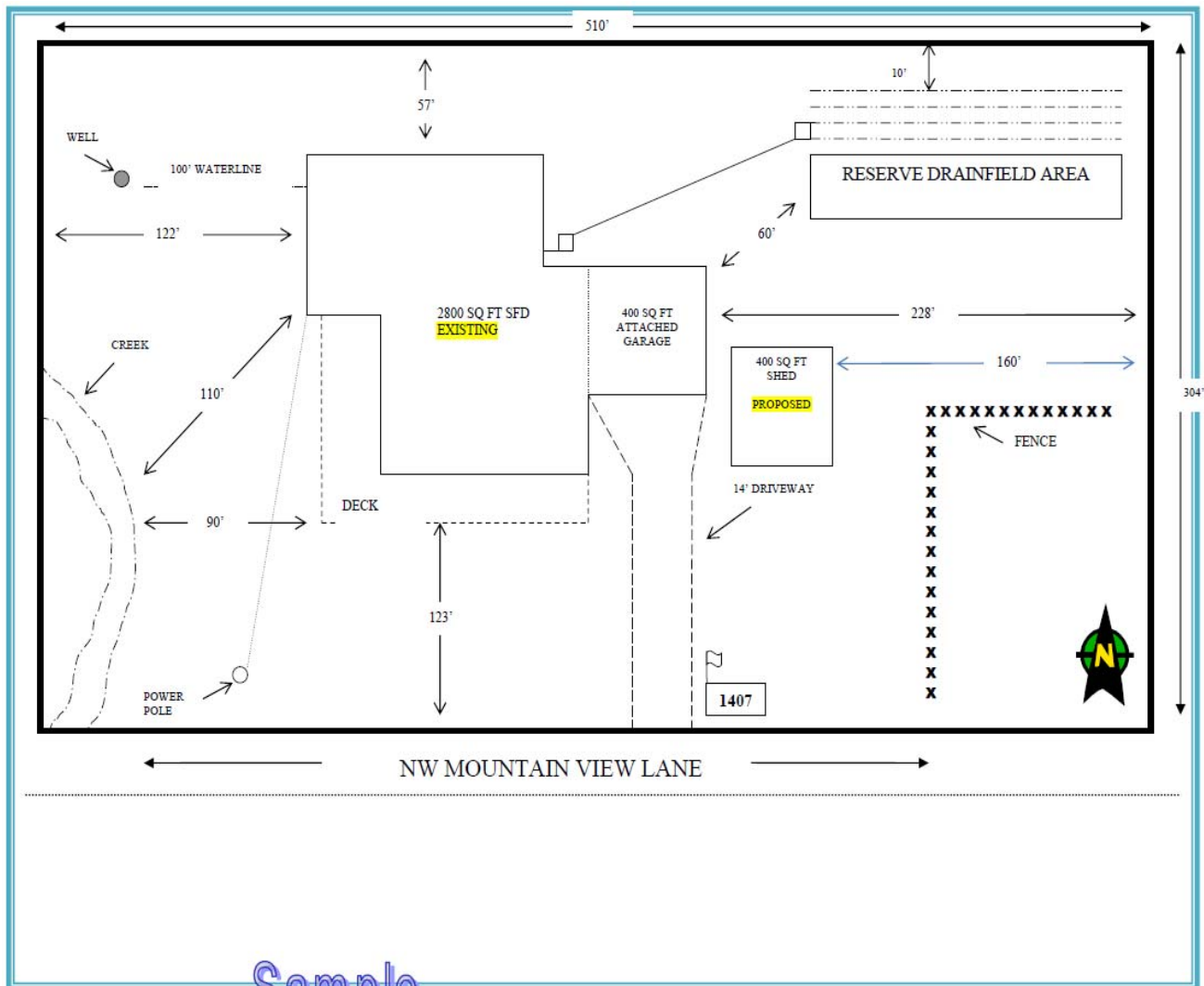
AGENT/REPRESENTATIVE SIGNATURE: _____ **DATE** _____

PRINT AGENT/REP NAME CLEARLY: _____

PLOT PLAN REQUIREMENTS

“PLOT PLAN” MUST BE DRAWN ON AT LEAST 8 ½ X 11 PAPER, BUT NO LARGER THAN 8 ½ X 14. A PARCEL THAT IS 2 ACRES OR LESS IN SIZE MUST BE DRAWN TO SCALE, AND ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN. A PARCEL THAT IS MORE THAN TWO ACRES IN SIZE DOES NOT HAVE TO BE DRAWN TO SCALE, HOWEVER, ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN AND ALL INFORMATION MUST BE ACCURATE. THE DETAILED “PLOT PLAN/SITE PLAN” MUST INCLUDE THE FOLLOWING:

- NORTH ARROW.
- DIMENSIONS AND BOUNDARIES OF THE PROPERTY.
- LOCATION & WIDTH OF ALL EASEMENTS OR RIGHT-OF WAYS.
- IF THE PARCEL OR LOT HAS IRRIGATION WATER RIGHT, INDICATE THE AREA OF THE WATER RIGHT WITH THE NUMBER OF IRRIGATED ACRES. IN ADDITION, SUBMIT A COPY OF A WATER RIGHT MAP FROM THE DISTRICT.
- NAMES AND LOCATIONS OF ALL ROADS ADJACENT TO THE PROPERTY.
- LOCATION OF WELL OR WATER SOURCE ON YOUR PROPERTY. IN ADDITION, INDICATE THE DISTANCE FROM WATER SOURCE TO NEAREST POINT OF SEPTIC SYSTEM DRAIN FIELD AND / OR REPLACEMENT DRAIN FIELD AREA.
- LOCATION OF DRIVEWAYS OR OTHER ROADS ON THE PROPERTY, EXISTING AND PROPOSED.
- DISTANCE (SETBACKS) FROM ALL STRUCTURES TO ALL PROPERTY LINES.
- LOCATION OF ALL MAJOR FEATURES (CANALS, IRRIGATION DITCHES, RIMROCK, ROCK LEDGES, ETC)
- INDICATE LOCATION OF ALL “EXISTING” AND “PROPOSED” STRUCTURES: DWELLINGS, GARAGE, SHOPS, LEAN-TO, BARN, ETC. INDICATE ON THE PLOT PLAN IF EXISTING OR PROPOSED WITH DIMENSION SIZE.

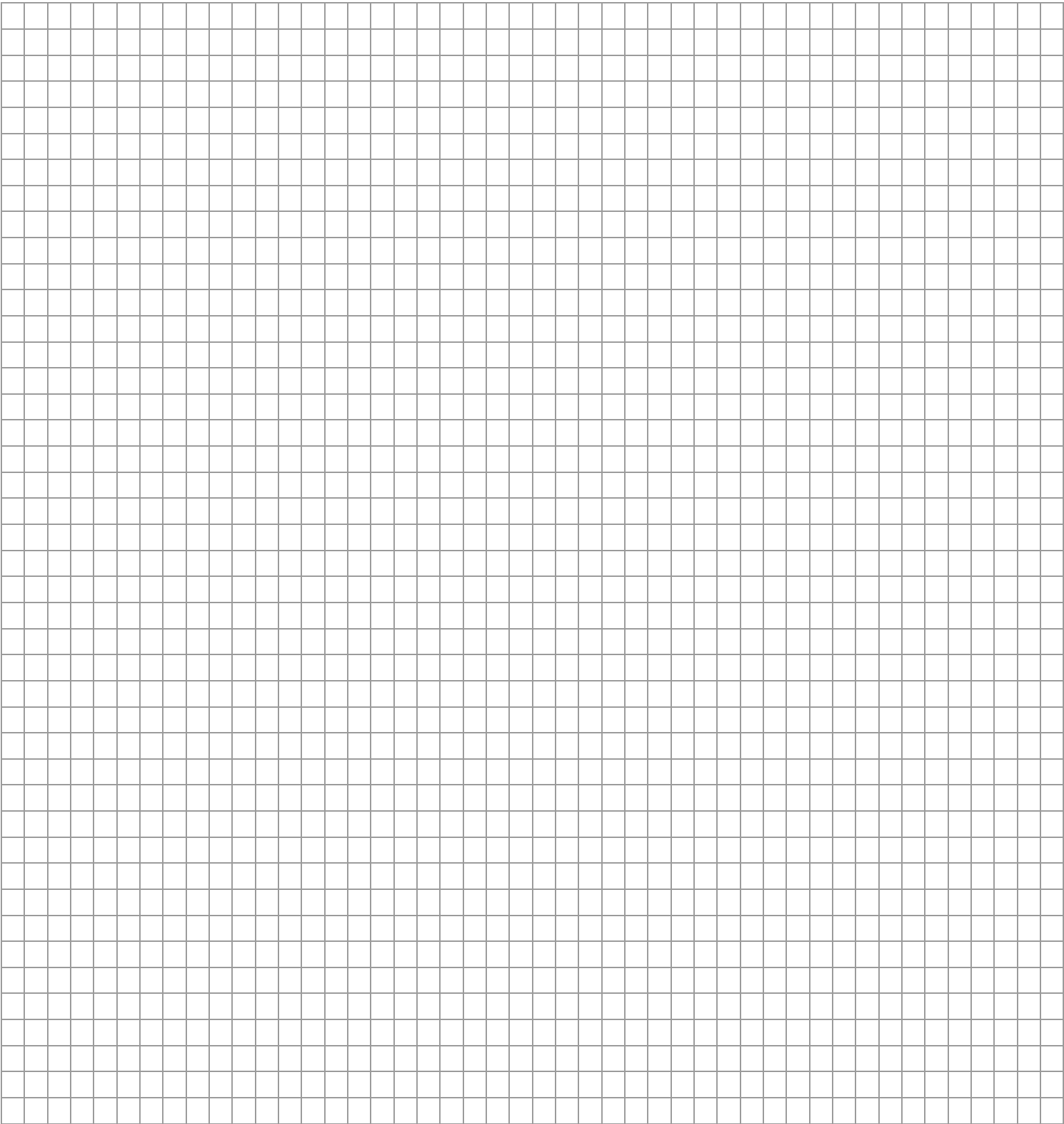


Sample

- NOT TO SCALE -



SITE PLAN





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: _____ Phase: _____ Block: _____ Lot: _____

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

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: _____ email: _____

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: _____ Total Amount Due: _____	GIS Changes:		
() Check () Cash () CC	E911 (new range):		
Office Use Assigned by: _____ Date: _____	Planning Approval #:		
New Address _____	Comments:		
Postal District: _____			

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



Community Development Department

300 NE 3rd Street, Prineville, OR 97754

Phone: (541) 447.8156 / Fax: 541-416-2139

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

AUTHORIZATION FORM

Let it be known that _____

(Print name clearly)

has been retained to act as my authorized agent to perform all acts for development on my property noted below: These acts include: Pre- application conference, filing applications and/or other required documents relative to all Permit applications.

Physical address of property: _____, and described in the records of CROOK COUNTY as:

Township _____ South, Range _____ East, Section _____, Tax lot _____

Township _____ South, Range _____ East, Section _____, Tax lot _____

The costs of the above actions, which are not satisfied by the agent, are the responsibility of the undersigned property owner.

PROPERTY OWNER

(Please Print Clearly)

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Email: _____

- Individual(s)
- Corporation;
- Limited Liability Corporation;
- Trust

IMPORTANT NOTE: Indicate whether property is owned in individual name(s), or by a business or other entity (e.g. Corporation, Limited Liability Company; or Trust). If property is owned by an entity, include names of all authorized signers. For Example:

If the owner is a Corporation, Limited Liability Corporation or Trust, the following information is required as part of this form.

If a Corporation ~ please provide the name of President or other authorized signor(s).

If a Limited Liability Corporation ~ provide names of **ALL** members & managers.

If a Trust ~ provide the name of current Trustee(s)

In addition, you will need to include a copy of Bylaws (Corporations); an Operating Agreement (Limited Liability Company); or Certificate of Trust (Trusts) that verifies authority to sign on behalf of the entity.

AGENT

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____-____

Cell Phone: (____) ____-____

Email: _____