



Record No. 217-\_\_\_\_\_-\_\_\_\_\_PLNG

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

**Crook County Community Development**

300 NE 3<sup>rd</sup> Street, Room 12, Prineville Oregon 97754

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

Email: [plan@co.crook.or.us](mailto:plan@co.crook.or.us) / Website: [www.co.crook.or.us](http://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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 \_\_\_\_\_

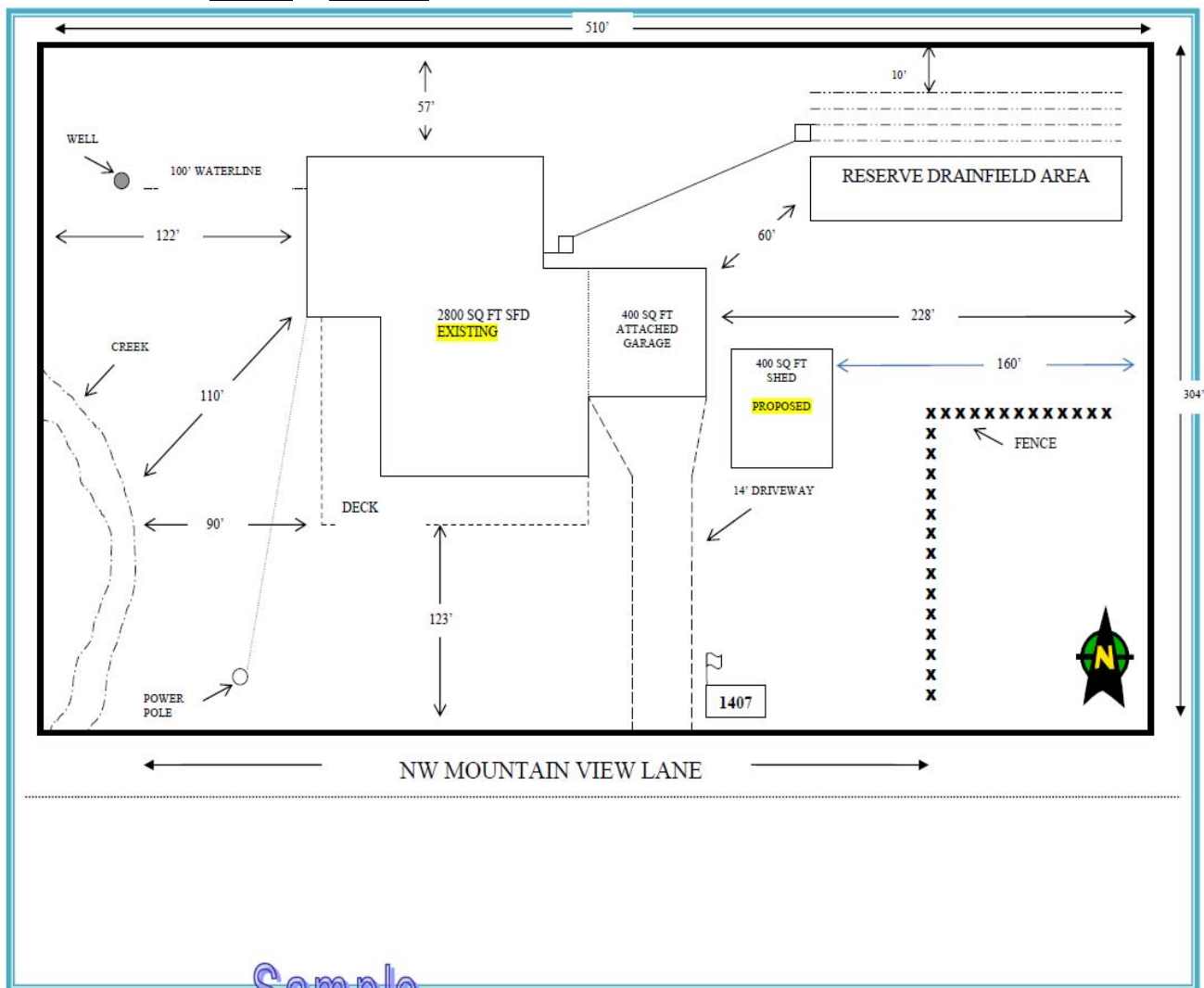
➤ IF PRIVATE EASEMENT, PROVIDE LEGAL RECORDED DOCUMENTATION.



**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 -





# 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 3<sup>rd</sup> Street, Prineville, OR 97754

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

Email: [plan@co.crook.or.us](mailto:plan@co.crook.or.us) / Website: [www.co.crook.or.us](http://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: \_\_\_\_\_