



Permit No. 217- _____ - _____

Fees:

2 lots/parcels - \$1430.00

3 lots/parcels - \$1650.00

Crook County Community Development

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

Phone: 541-447-3211

LAND PARTITION – RESIDENTIAL / COMMERCIAL

(Incomplete applications will not be accepted)

NOTICE TO ALL APPLICANTS

The Crook County Planning Department is required to review all applications for accuracy and to determine whether the staff and/or Planning Commission have the information needed to make a decision. County Ordinances allow the County 30 days to determine whether the application is complete. If the Planning Department 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. State Law requires that information to support an application be available for public inspection at our office 20-days before a public hearing. Any information submitted after this date may require a postponement of the hearing date if necessary. **Please 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: _____

ENGINEER / SURVEYOR

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**.

PROPOSED LAND PARTITION

TOTAL ACREAGE SIZE OF EXISTING PARCEL: _____

PROPOSED NUMBER OF LOTS/PARCELS: _____

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 WITH THIS PERMIT.

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:** _____

FIRE PROTECTION

DESCRIBE HOW **FIRE PROTECTION** WILL BE PROVIDED TO THE PROPERTY. IF THE SUBJECT PROPERTY IS LOCATED OUTSIDE OF THE CROOK COUNTY FIRE PROTECTION DISTRICT INDICATE HOW YOU WOULD PROVIDE PROTECTION, INCLUDING WATER SOURCE AND FIRE PREVENTION. (Use Separate paper if necessary)

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:

SIGNATURES

I AGREE TO MEET THE STANDARDS GOVERNING THE LAWS FOR LAND PARTITIONS 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: _____

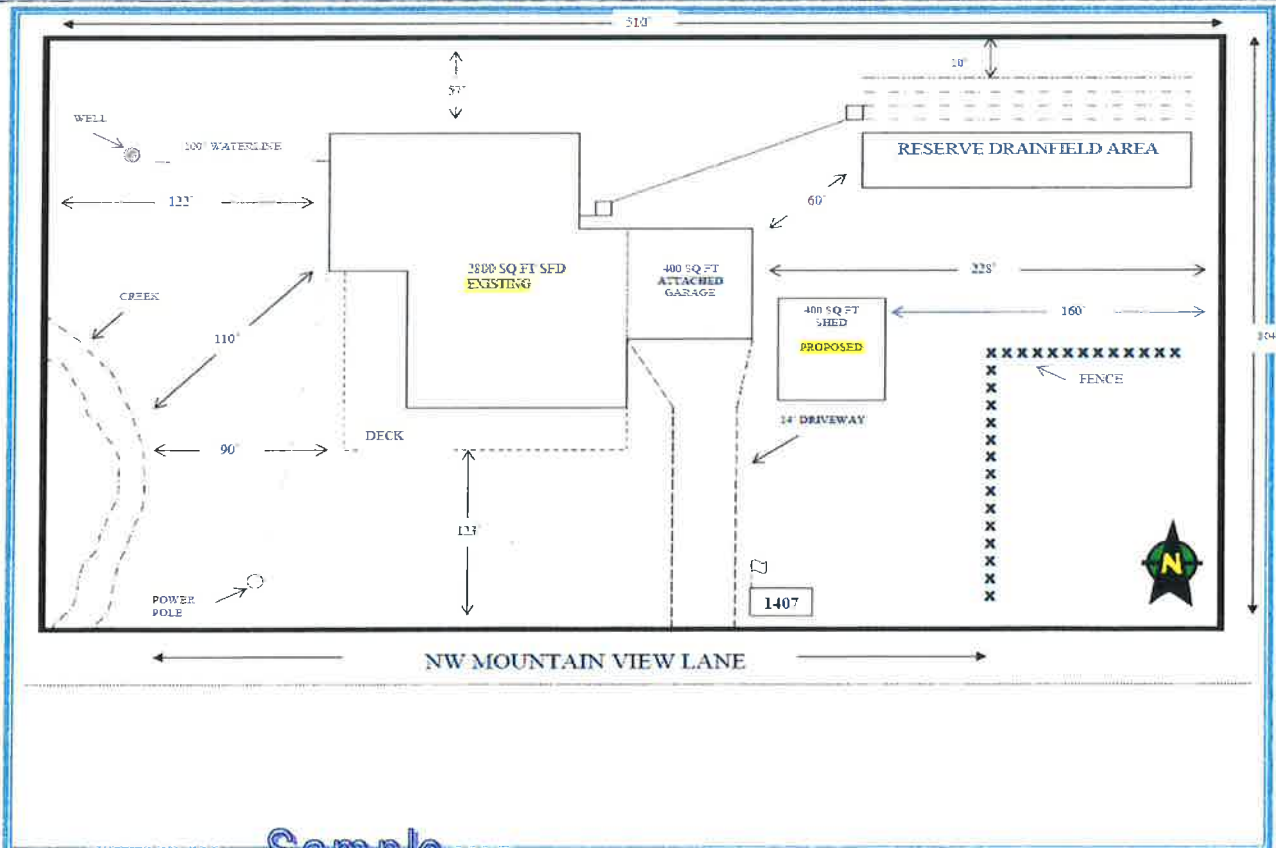
AGENT/REPRESENTATIVE SIGNATURE: _____ **DATE** _____
PRINT AGENT/REP NAME CLEARLY: _____

THE DETAILED "PLOT PLAN" MUST INCLUDE THE FOLLOWING:

Detailed Plot Plan Requirements

The detailed "Plot Plan" must include the following:

1. Scale of map – not greater than one inch per 400 feet.
2. North arrow.
3. Dimensions and boundaries of the property.
4. Location of all easements and names, and the right-of-way widths of existing roads and easements or right-of-way for any proposed roads, utilities, bikeways, and access corridors.
5. 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.
6. Names and locations of all roads adjacent to the property.
7. Direction and percent of slope.
8. 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.
9. Location of septic system test holes used for the site evaluation during the feasibility process. In addition, the location of the proposed septic tank, drain field and replacement drain field that shows the dimensions and spacing of the leach-lines. Further, indicate the distance from the septic tank and septic system to the property lines.
10. Location, size and intended use of all structures, existing and proposed.
11. Location of driveways or other roads on the property, existing and proposed.
12. Location of all public utility easements. In addition, attached copies of the recorded utility easement that indicates easement width.
13. Distance (setbacks) from all structures to all property lines.
14. Location of all major features (canals, irrigation ditches, rock ledges, etc)
15. Location of rim-rock, if applicable.
16. Location of all drainage, creeks, springs, etc., with distance to the proposed development.

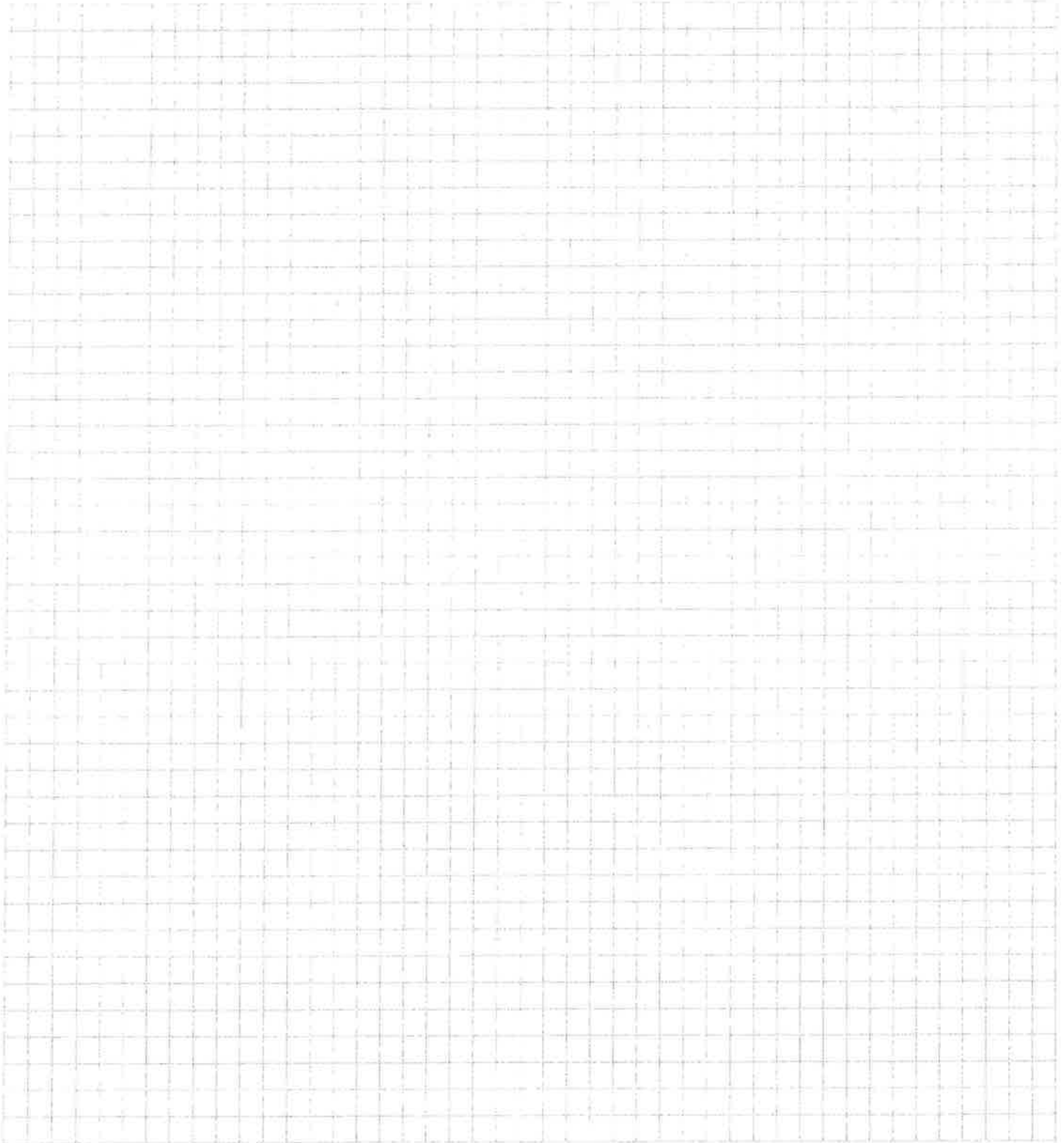


Sample

- NOT TO SCALE -



SITE PLAN





Crook County 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: _____