



<i>For Office Use Only</i>	
PERMIT NO. _____	
	FEES:
	\$5,000.00 - 0 to 10 acres
	\$6,000.00 - 11 to 20 acres
	\$7,000.00 - 21 or more acres
<b>(AN ADDITIONAL 10% CODE COMPLIANCE FEE WILL BE CHARGED)</b>	

**CROOK COUNTY PLANNING DEPARTMENT**  
 300 NE 3<sup>rd</sup> Street Rm. 12, Prineville Oregon 97754  
 Phone: 541-447-8156 / Fax 541-416-3905

**Conditional Use – Mining and Aggregate**

(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: \_\_\_\_\_  
 Day-time phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

**AGENT / REPRESENTATIVE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Day-time phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_

**PROPERTY LOCATION**

Township \_\_\_\_ South, Range \_\_\_\_ East WM, Section \_\_\_\_, Tax lot \_\_\_\_\_  
Size of property: \_\_\_\_\_ acres    Zoning: \_\_\_\_\_  
Physical address: \_\_\_\_\_

**Adequacy of Public Services, Water and Site Safety**

Road access, fire and police services and utility systems (i.e. electrical and telephone) are adequate for the use.

1. Describe what access the property has to public roads. Describe the number of trips per day you believe would be made by the proposed aggregate use.

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

A. The proposal is for an aggregate use and will be located \_\_\_\_\_ (road name).

To help County staff make a proper determination of traffic impact, please list the number of dwellings or uses currently taking primary access from the road. (i.e., 10 residences, 2 businesses, etc.)

Number of residences: \_\_\_\_\_  
Number of businesses: \_\_\_\_\_

B. The subject road is a:

- \_\_\_\_\_ State Highway
- \_\_\_\_\_ County Maintained Road
- \_\_\_\_\_ Public Road, not maintained by the county (\*)
- \_\_\_\_\_ Private Road (\*)

**NOTE:** (\*) If it is a public or private road, submit recorded easement that shows access to and across the subject property to public roads. In addition, submit a drawing showing the recorded right-of-way widths across the private portion of road to the subject property.

C. The subject road is designated as a:

State Highway       Arterial  
 Collector           Local  
 Partition Road       Easement Road  
 Other: \_\_\_\_\_

D. What is the width of the subject road right-of-way:  
\_\_\_\_\_ feet

E. Do you currently have a "Road Maintenance Agreement" for  
the subject road? Yes \_\_\_ No \_\_\_

1) If yes, provide a copy of a recorded road  
maintenance agreement.

2) If no, why not?

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

2. Describe how fire protection will be provided to the property. If the  
subject property is located outside of the Crook County Fire  
Department Fire Protection District indicate how you would provide  
protection, including water source and fire prevention.

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

### **IRRIGATION WATER RIGHT**

This section needs to be completed and signed by the appropriate  
irrigation district and/or water resources department.

If the property has irrigation water rights, who is the supplier:

Central Oregon Irrigation District  
 Ochoco Irrigation District  
 Water Resources Department  
 Other: \_\_\_\_\_

A. Does the property have irrigation water right? Yes \_\_\_ No \_\_\_ If so, a sign-off from State Watermaster **and/or** the relevant irrigation district is required?

B. If yes, what is the amount of acres of irrigation water right? \_\_\_\_\_ acres. Amount of water right acres to be transferred? \_\_\_\_\_

C. Is there an irrigation ditch and/or an underground pipeline that runs through the property? Yes \_\_\_ No \_\_\_

D. Is there a distribution point for irrigation located on the property? Yes \_\_\_ No \_\_\_

Watermaster Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Irrigation District Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

District Name: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **WILDLIFE WINTER RANGE / SENSITIVE BIRD HABITAT**

When the lot or parcel on which the non-farm dwelling will be sited lies within an area designated in an acknowledged comprehensive plan as habitat for big game, the siting of the dwelling must be consistent with the limitations on density upon which the acknowledged comprehensive plan and land use regulations intended to protect the habitat are based.

This section needs to be completed and signed by ODFW for the "Wildlife Winter Range" and "Sensitive Bird Habitat" areas.

1. Is the subject property located within a "Winter Wildlife" overlay zone? Yes \_\_\_ No \_\_\_

2. If yes, please check the appropriate box(s):

\_\_\_\_\_ Critical Deer Winter Range

\_\_\_\_\_ General Deer Winter Range

\_\_\_\_\_ Elk Winter Range  
\_\_\_\_\_ Antelope Winter Range

3. Is the subject property located within the "Sensitive Bird Habitat" area? Yes \_\_\_ No \_\_\_

ODF&W Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

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

**CROOK COUNTY WEEDMASTER**

**Weedmaster Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(County Weedmaster, Attn – Kev Alexanian, kev.alexanian@co.crook.or.us Phone 541-447-7958)

**SIGNATURES**

*I agree to meet the standards governing the laws for Aggregate 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 or Authorization" form must be completed and attached to this application)**

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## **Application Requirements**

1. A completed "Conditional Use - Aggregate" application form with the appropriate signatures.
2. A copy of the Tax Lot Card. (Available from the Crook County Assessor)
3. A copy of the earliest deed or contract that describes the property in its current configuration. (Available from the Crook County Clerk's Office.
4. Submit the correct application fee.
5. A copy of the current owners Warranty Deed.
6. Signature and comments from ODF&W regarding Wildlife Winter Range and Sensitive Bird Habitat.
7. A signed copy of a "Statement of Understanding" (Form B)
8. A copy of the irrigation map for the area and historical water rights information on the subject property. (Available from the Irrigation District)
9. Ground level photographs (prints only) that show the nature of the proposed aggregate site, topography and other pertinent information. Please state the location from which the photos were taken and what they are intended to illustrate.
10. A detailed "Plot Plan" of the subject property. (See below for detailed information)
11. An "Approved" Road Access Permit from a state, county, or public roadway.
12. A "Burden of Proof" statement showing compliance with CCC 18.144 and ORS requirements for aggregate operations.
13. Crook County Weedmaster sign off.

## **Supplemental Information**

This application requests information that will assist Crook County planners in evaluating whether your proposal meets these criteria. The information requested in this application is the minimum information necessary. Failure to complete applicable portions of this application form may result in the County not accepting your application or denying your application for failure to demonstrate that the criteria have been met. The County can assist you by providing such information from the Crook County Assessor, Crook County Clerk's Office, and the Crook County GIS Department. However, the burden of proof lies on you, the applicant, to demonstrate that the criteria have been met. In many cases, you may wish to provide information in addition to that requested to support your application.

## **Applicable Criteria**

Title 18, Chapter 18.144 – Aggregate Resource Sites  
Title 18, Chapter 18.120 – Sensitive Bird Habitat Area  
Title 18, Chapter 18.124 – Supplemental Provisions  
Title 18, Chapter 18.128 – Off-street Parking  
Title 18, Chapter 18.160, Section 18.160.050(9) – Conditional Uses  
Crook County Comprehensive Plan  
Crook County Transportation Plan  
ORS 215.298, ORS 517.750, and/or ORS 522.005

## **Additional Information or Analysis Addressing the Criteria.**

Attach information or analysis which you believe demonstrates compliance with the requirements of Title 18, Chapter 18.144 – Aggregate Resource Sites.

## **Detailed Plot Plan Requirements**

The detailed “**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 5 acres or less in size must be drawn to scale, and all dimensions and boundaries must be shown.

A parcel that is more than five (5) 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**” 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. Location of well or water source on your property.
8. Location, size and intended use of all structures, existing and proposed.

9. Location of driveways or other roads on the property, existing and proposed.
10. Location of all public utility easements. In addition, attached copies of the recorded utility easement that indicates easement width.
11. Distance (setbacks) from **all** structures to all property lines.
12. Location of all major features (canals, irrigation ditches, rock ledges, etc)
13. Location of rimrock, if applicable.
14. Location of all drainage, creeks, springs, etc., with distance to the proposed development site.



**LETTER OF AUTHORIZATION**

Let it be known that

\_\_\_\_\_ (print name)

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 "**Land Use**" 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**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AGENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_