

Record No. **217-**\_\_\_\_\_ - \_\_\_\_\_ **PLNG**

Replacement Farm Dwelling: \$550.00

Accessory Structures: \$275.00

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 / 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 – REPLACEMENT DWELLING & ACC STRUCTURES

**(EFU1, EFU2, EFU3 & EFU-JA)**

**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.

Lined area for providing a detailed explanation of existing structures and requests.

**REQUEST :**

THE EXISTING DWELLING TO BE REPLACED IS:

SITE BUILT \_\_\_\_\_ YEAR BUILT \_\_\_\_\_  
MANUFACTURED DWELLING \_\_\_\_\_ YEAR PLACED ON PROPERTY \_\_\_\_\_

WILL THE NEW RESIDENCE BE A "SITE BUILT" RESIDENCE OR A "MANUFACTURED DWELLING"?

SITE BUILT \_\_\_\_\_ OR A MANUFACTURED DWELLING \_\_\_\_\_

\*\*THE REPLACEMENT MANUFACTURED DWELLING MUST BE JUNE 15, 1976 OR NEWER.

HEIGHT OF STRUCTURE: \_\_\_\_\_ FEET STORIES: \_\_\_\_\_ [ / ] OF THE PROPOSED STRUCTURE: \_\_\_\_\_

IF A MANUFACTURED DWELLING: YEAR \_\_\_\_\_ DOUBLE-WIDE \_\_\_\_\_ TRIPLE-WIDE \_\_\_\_\_

WILL AN "RV" BE USED AS A "TEMPORARY" DWELLING DURING THE CONSTRUCTION OF REPLACEMENT DWELLING/STRUCTURE: YES \_\_\_\_\_ NO \_\_\_\_\_

**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.**

**DEMO / REMOVAL PERMIT**

**IMPORTANT NOTICE:** If the "existing" residence will be removed or demolished on site, or will be burned down, a "DEMO PERMIT" is required. If the residence was burned down, as a part of your DEMO PERMIT, you'll need a copy of the report from the Crook County Fire & Rescue.

\_\_\_\_\_ Initial (Demo Permit Fee is \$75) **The Demo / Removal permit must be purchased at the same time you submit this application to the Crook County Community Development Department**

**ORS REQUIREMENTS**

- 1) A lawfully established dwelling may be altered, restored or replaced under ORS 215.213 (1) (q) or 215.283 (1) (p) in the manner provided by either subsection (2) or (3) of this section.
- 2) The dwelling may be altered, restored or replaced if, when the application for a permit is submitted, the permitting authority: (must provide photos to document that the residence meets the following)

- a. Finds to the satisfaction of the permitting authority that the dwelling to be altered, restored or replaced has, or formerly had:
- i. Has intact exterior walls & roof structure;
  - ii. Indoor plumbing consisting of a kitchen sink, toilet and bathing facilities connected to a sanitary waste disposal system;
  - iii. Interior wiring for interior lights;
  - iv. A heating system.

**AND**

- b. The replacement dwelling was assessed as a dwelling for the purposes of ad valorem taxation for the lesser of: *(must provide taxation documentation from the Assessor's Office)*
- i. The previous five (5) years property tax years unless the value of the dwelling was eliminated as a result of the destruction, or demolition in the case of restoration, of the dwelling; or
  - ii. From the time when the dwelling was erected upon or affixed to the land and became subject to assessment as described in ORS 307.010 unless the value of the dwelling was eliminated as a result of the destruction, or demolition in the case of restoration, of the dwelling.
- 3) The dwelling may be altered, restored or replaced if, when an application for a permit is submitted, the dwelling meets the requirements of subsection (2)(i) of this section, the dwelling does NOT meet the requirement of subsection (2)(ii) of this section, and the applicant establishes to the satisfaction of the permitting authority (Planning Director) that the dwelling was improperly removed from the tax roll by a person other than the current owner.

**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 \_\_\_\_\_

**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.

**ON-SITE SEPTIC**

\_\_\_\_\_ COPY OF AUTHORIZATION NOTICE

*To obtain an Authorization Notice, a sign off on a Land Use Compatibility Statement (LUCS) form is required. The LUCS form is available at the Environmental Health office. The Planning Dept. needs to sign off on the LUCS and collect a \$55.00 sign off fee. This process is required prior to turning in this Site Plan Review Application.*

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

**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)

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

**SIGNATURES**

I AGREE TO MEET THE STANDARDS GOVERNING THE LAWS FOR "DWELLING IN CONJUNCTION WITH A FARM USE" 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: \_\_\_\_\_

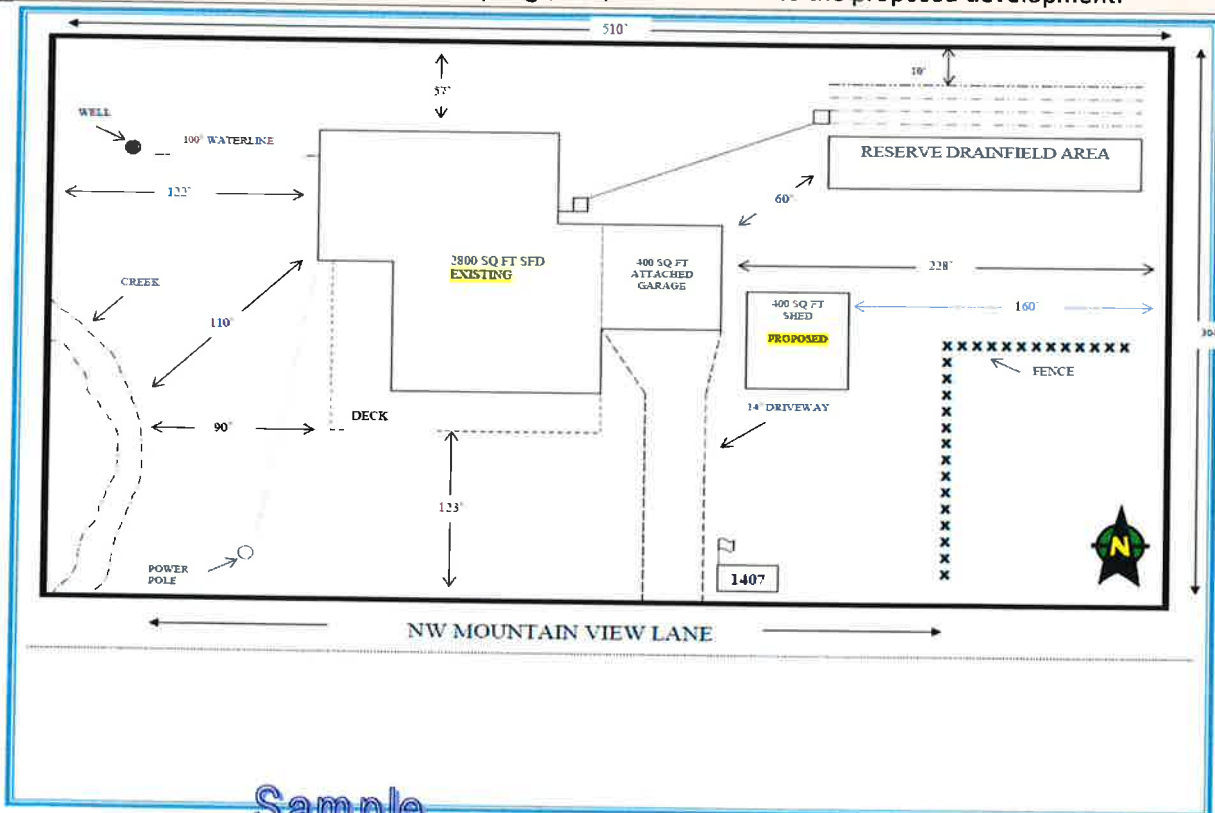
AGENT/REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT AGENT/REP NAME CLEARLY: \_\_\_\_\_

## 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.

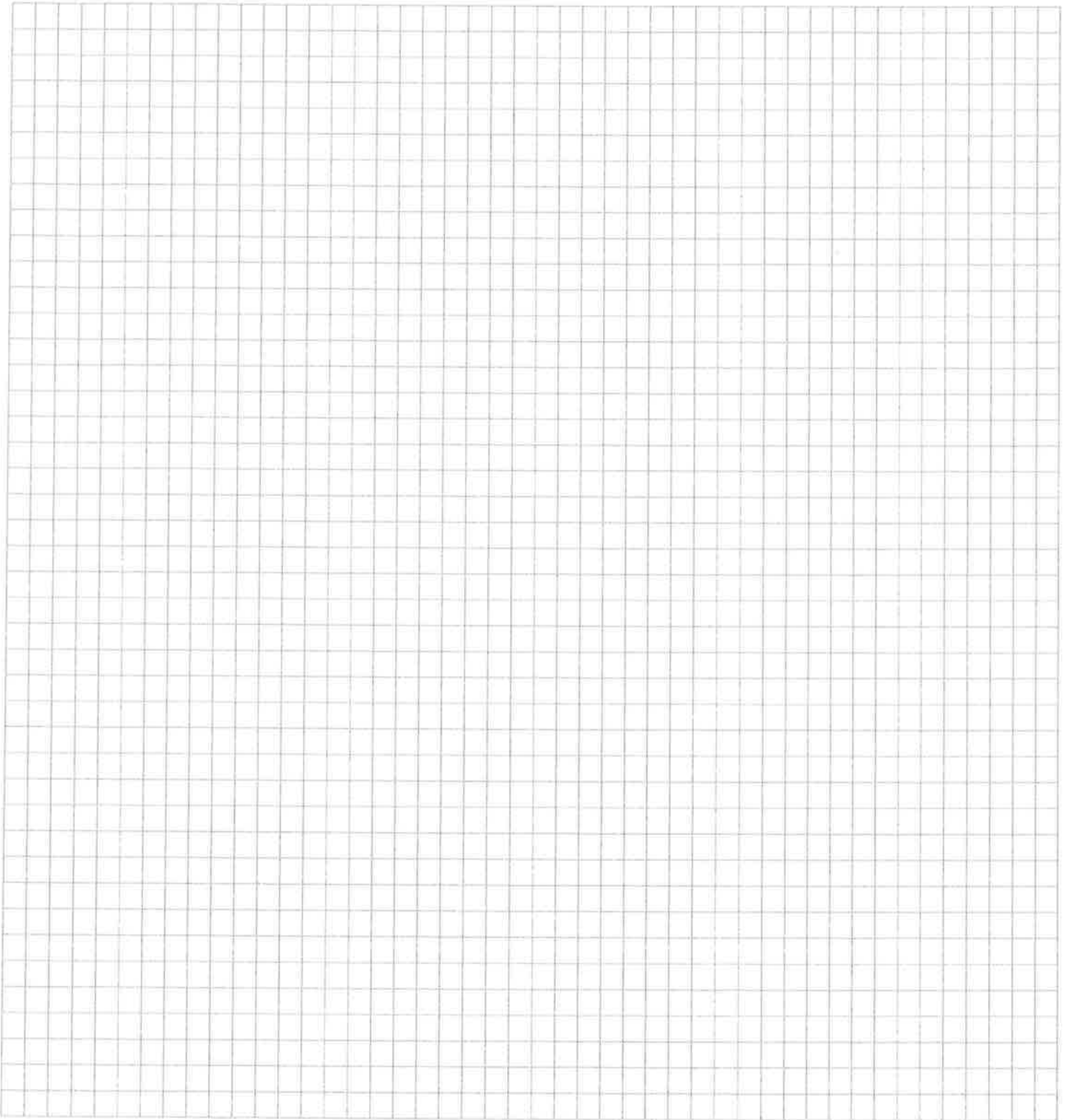


Sample

- NOT TO SCALE -



# SITE PLAN





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

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