



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

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