



RECORD No. 217 _____ - _____ *For Office Use Only* PLNG

Crook County Community Development/Planning Division
300 NE 3rd Street, Room 12, Prineville Oregon 97754
541-447-3211
plan@co.crook.or.us
www.co.crook.or.us

Comprehensive Plan, Map, and Text Amendments

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 INFORMATION:

Township _____ Range _____ Section _____ Tax Lot _____
Size of property: _____ acres Zone: _____
Physical address: _____
Subdivision name, if applicable: _____ Lot _____ Block _____

FLOOD PLAIN:

Is the subject property located within a Flood Plain Zone? Yes _____ No _____
If yes, what zone: _____

CHECKLIST FOR COMPLETING THIS APPLICATION

1. Complete application form including the appropriate signatures
2. Include a detailed statement describing the proposal
3. Burden of Proof addressing all applicable criteria and supplemental information
4. Payment of fees
5. Submit a copy of the current “deed”

APPLICABLE CRITERIA

Title 18, Chapter 18.168 (Legislative Amendment)
Title 18, Chapter 18.170 (Quasi-Judicial Amendment)

Supplemental Information

1. COMPREHENSIVE PLAN:

- a. Describe in detail the proposed “Comprehensive Plan” amendment.
- b. Explain in detail how this request is in compliance with the statewide planning goals.
- c. Explain how this amendment is consistent with the Crook County – Prineville Area Comprehensive Plan.
- d. Explain how this “Comprehensive Plan” amendment would serve the public’s interest.

2. TEXT AMENDMENT:

- a. Submit the proposed language of the proposed “Text” amendment.
- b. Explain how this request is in compliance with the Crook County – Prineville Area Comprehensive Plan and purpose of the code in effect.
- c. Explain how this “Text” amendment would serve the public’s interest.

3. MAP AMENDMENT:

- a. Describe in detail the proposed “Map” amendment.
- b. Explain how the “Map” amendment complies with statewide planning goals, and how it is in compliance with those statewide goals.
- c. Explain how this “Map” amendment is consistent with the Crook County – Prineville Area Comprehensive Plan.



Crook County Community Development

300 NE 3rd Street, Prineville, OR 97754

Phone: (541) 447-3211 Fax: (541) 416-2139

Email: bld@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 in regards to this project.

Physical address of property: _____ and described in the records of
CROOK COUNTY, Oregon as map/tax number: _____

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)

Printed Name: _____ Date: _____

Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

eMail: _____

Individual Corporation Limited Liability Corporation Trust

IMPORTANT NOTE: If the property is owned by an entity, include the names of all the authorized signers.

If a Corporation: Provide the name of the President, or other authorized signor (s).

If a LLC: Provide the names of ALL members and managers.

If a Trust: Provide the name of the current Trustee (s).

In addition, if you are a corporation, you will need to include a copy of the bylaws, an operating agreement if you are an LLC, or Certificate of Trust if you are a trust that verifies authority to sign on behalf of the entity

APPROVED AGENT

Printed Name: _____ Date: _____

Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

eMail: _____