



For Office Use Only

RECORD No. 217 _____ - _____ 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

Conditional Use Application
Administrative or Public Hearing

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: _____
Subdivision name, if applicable: _____

REQUEST:

ACCESS / ROADS

Is there existing access to the property? Yes _____ No _____

If no, will the proposed access be from: County _____ Public _____ Private _____ State(ODOT) _____

*Please provide recorded easement or ODOT approval

ENVIRONMENTAL HEALTH – SEPTIC DISPOSAL

Soil/Site Evaluation Crook County File: _____

On-Site Authorization: _____

FLOOD ZONE

Is the property located within a Flood Zone? Yes _____ No _____

If yes, submit a “Special Flood Hazard Area Development Permit”.

DOMESTIC WATER

Water will be supplied by:

_____ An existing or proposed individual well

_____ 4 to 14 dwellings on one well State regulated system

_____ Shared well (Number of dwellings _____)

_____ Other: Please explain _____

_____ Community Water System: Name _____

Community Water System Authorization

Print Name: _____ Daytime phone: _____

Authorization Signature: _____ Date: _____

IRRIGATION WATER

Does the property have irrigation water right? Yes _____ No _____

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

_____ Central Oregon Irrigation District - 541-548-6047

_____ Ochoco Irrigation District - 541-447-6449

_____ Water Resources Department - 541-306-6885

_____ People’s Irrigation District - 541-447-7797

_____ Other: _____

Watermaster Signature: _____ **Date:** _____

Print Name Clearly: _____ **Phone:** _____

Irrigation District Signature: _____ **Date:** _____

Print Name Clearly: _____ **Phone:** _____

COMMENTS: _____

WILDLIFE

ODF&W, Prineville Field Office, 2042 SE Paulina Hwy Phone: (541) 447-5111

Is the subject property located within a “Winter Wildlife” overlay zone? Yes _____ No _____

Is the subject property located within a “Sensitive Bird Habitat” zone? Yes _____ No _____

COMMENTS: _____

ODF&W Signature: _____ **Date:** _____

Print Name: _____

WEED CONTROL

1306 N. Main Street, Prineville

Phone: (541) 447-7958 Email: kev.alexanian@co.crook.or.us

Weed Master Signature: _____ Date: _____

COMMENTS:

SUPPLEMENTAL INFORMATION

IMPORTANT NOTICE: The Crook County Planning Department is required to review all applications for accuracy and to determine whether the staff and/or the Planning Commission have the information needed to make a decision. The County has 30 days to determine whether the application is complete. Within that 30-day period, the Planning Department will request additional information, if necessary. A decision on your application will be postponed until the information is received. State law requires that all 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.

SIGNATURES

I agree to meet the standards governing the laws 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: _____

CHECK LIST OF REQUIREMENTS

- Detailed explanation of the proposed use and how the applicable standards and criteria are satisfied. Crook County Code, Title 18 has the applicable standards and criteria.
- Signed application form
- Copy of the Tax Lot Card
- Copy of the current owners Warranty Deed
- Signed Authorization Form; if applicable
- Detailed "Plot Plan/Site Plan" of the subject property
- Special Flood Hazard Area Development Permit; if applicable
- Supplemental Information



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: _____

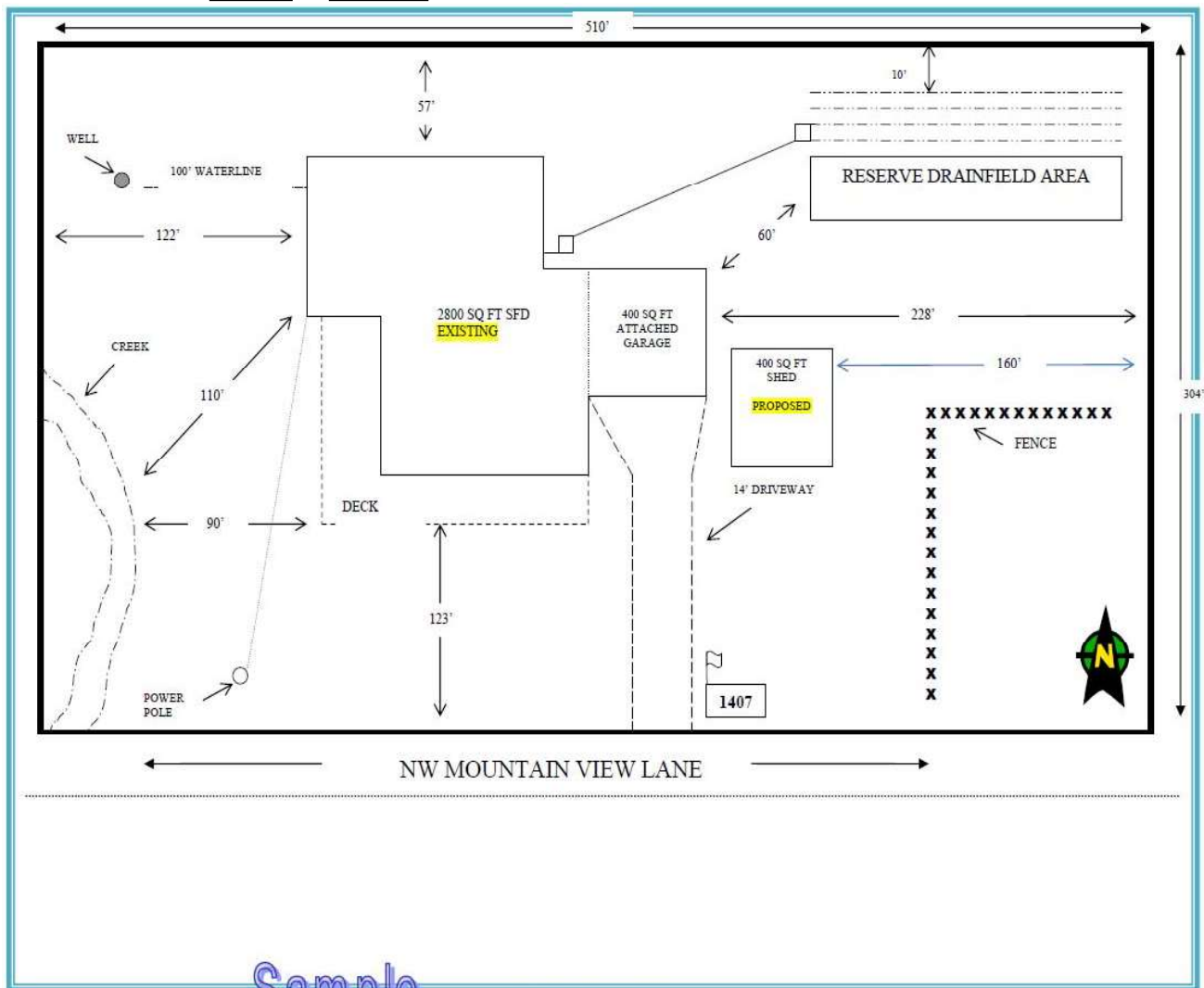
Phone: _____

eMail: _____

PLOT PLAN REQUIREMENTS

“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 2 ACRES OR LESS IN SIZE MUST BE DRAWN TO SCALE, AND ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN. A PARCEL THAT IS MORE THAN TWO 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/SITE PLAN” MUST INCLUDE THE FOLLOWING:

- NORTH ARROW.
- DIMENSIONS AND BOUNDARIES OF THE PROPERTY.
- LOCATION & WIDTH OF ALL EASEMENTS OR RIGHT-OF WAYS.
- 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.
- NAMES AND LOCATIONS OF ALL ROADS ADJACENT TO THE PROPERTY.
- 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.
- LOCATION OF DRIVEWAYS OR OTHER ROADS ON THE PROPERTY, EXISTING AND PROPOSED.
- DISTANCE (SETBACKS) FROM ALL STRUCTURES TO ALL PROPERTY LINES.
- LOCATION OF ALL MAJOR FEATURES (CANALS, IRRIGATION DITCHES, RIMROCK, ROCK LEDGES, ETC)
- INDICATE LOCATION OF ALL “EXISTING” AND “PROPOSED” STRUCTURES: DWELLINGS, GARAGE, SHOPS, LEAN-TO, BARN, ETC. INDICATE ON THE PLOT PLAN IF EXISTING OR PROPOSED WITH DIMENSION SIZE.



Sample

- NOT TO SCALE -



SITE PLAN

