



RECORD NO. 217 - _____ - _____ PLNG

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

Conditional Use – Temporary Hardship

PROPERTY OWNER (Check one)

Last Name: _____ First Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

AGENT/REPRESENTATIVE (Authorization Notice form)

Last Name: _____ First Name: _____

Company 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: _____

Name of the person(s) that would be receiving care for the Temporary Hardship?

Name (print): _____
(Care Recipient(s))

Name (print): _____
(Care Provider(s))

A temporary hardship dwelling is subject to the following:

(a) One manufactured dwelling, or recreational vehicle, or the temporary residential use of an existing building may be allowed in conjunction with an existing dwelling as a temporary use for the term of the hardship suffered by the existing resident or relative, subject to the following:

(i) The manufactured dwelling shall use the same subsurface sewage disposal system used by the existing dwelling, if that disposal system is adequate to accommodate the additional dwelling. If the manufactured home will use a public sanitary sewer system, such condition will not be required;

(ii) The county shall review the permit authorizing such manufactured homes every two years; and

(iii) Within three months of the end of the hardship, the manufactured dwelling or recreational vehicle shall be removed or demolished, or, in the case of an existing building, the building shall be removed, demolished or returned to an allowed nonresidential use.

A temporary residence approved is not eligible for replacement.

Department of Environmental Quality review and removal requirements also apply.

As used in this section “hardship” means a medical hardship or hardship for the care of an aged or infirm person or persons.

Please describe your request in detail: (Use a separate sheet of paper; if needed)

IRRIGATION WATER RIGHT

Please indicate the location of all existing water rights, number of acres, and proposed division of water rights.

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 (541-388-6669)

___ People's Irrigation District (541-447-7797)

- a. Does the property have irrigation water right? Yes ___ No ___
- b. If yes, what is the amount of acres of irrigation water right? _____ acres.
- c. Amount of water right acres to be transferred? _____
- d. Is there an irrigation ditch and/or an underground pipeline that runs through the property?
Yes ___ No ___
- e. Is there a distribution point for irrigation located on the property? Yes ___ No ___

Watermaster Signature: _____ Date: _____

Print name: _____ Phone _____

Irrigation District Signature: _____ Date: _____

Print name: _____ Phone _____

Comments:

SUPPLEMENTAL INFORMATION

The Crook County Planning Department is required to review all applications for accuracy and to determine whether 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.

FLOOD ZONE

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

If yes, a “Special Flood Hazard Area Development Permit” is required to be submitted at the same time.

Before you DIG ~ Call 811 ~ it’s the LAW

Website: <https://digsafelyoregon.com/> Phone: (503) 232-1987 / 800-332-2344

The applicant and/or agent shall be responsible for contacting 811 to locate underground utilities, as well as Ochoco Irrigation District and/or the Central Oregon Irrigation District for any underground utilities

CHECK LIST OF REQUIREMENTS

- A completed “Conditional Use – Temporary Hardship application form with the appropriate signatures.
- A Signed letter from the Medical Physician on their Medical Office letterhead certifying the need of care for the person that would be receiving care. In addition, the Medical Physician must complete the attached “Addendum.”
- A copy of the current owners Warranty Deed describing the property in its current configuration and ownership
- A detailed “Plot Plan/Site Plan” of the subject property.
- A copy of an approved On-Site Septic “AUTHORIZATION” for a “Temporary Hardship” residence.
- Special Flood Hazard Area Development Permit; if applicable
- Submit the correct application fee

SIGNATURES

I agree to meet the standards governing the laws for “Site Plan Reviews” 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: _____

Care Provider Signature: _____ Date _____

Print name: _____

Care Provider Signature: _____ Date _____

Print name: _____

Agent/Representative Signature: _____ Date _____

Print name: _____

(Note: If an agent/representative is submitting your application on behalf of the property owner, the “Authorization Form” must be completed and attached to this application)



ADDENDUM TO TEMPORARY HARDSHIP USE APPLICATION

(To be completed by the Physician)

NOTE TO PHYSICIAN: A Temporary Hardship Use Permit is being applied for the property listed in this application. The purpose of this Temporary Hardship permit is allow; One manufactured dwelling, or recreational vehicle, or the temporary residential use of an existing building in conjunction with an existing dwelling as a temporary use for the term of the hardship suffered by the existing resident or relative. A “hardship” means a medical hardship or hardship for the care of an aged or infirm person or persons. If you have any questions, please contact the Crook County Community Development, planning Division at (541)-447-3211.

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1) Does the “CARE RECIPIENT” have impaired mobility? YES _____ NO _____
- 2) Does the “CARE RECIPIENT” required attendance or custody due to a physical and/or mental condition which his/her spouse or partner cannot provide? YES _____ NO _____
- 3) Does the “CARE RECIPIENT” require at-home medication and/or treatment which the patient or his/her spouse or partner cannot provide? YES _____ NO _____
- 4) Does the “CARE RECIPIENT” require frequent transportation for medical reasons which the patient or his/her spouse or partner cannot provide? YES _____ NO _____

Care Recipient Name: _____

Physician’s Signature: _____

Physician’s Name & Title: (Please print clearly): _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone (_____) _____ - _____

Office Email: _____



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: _____

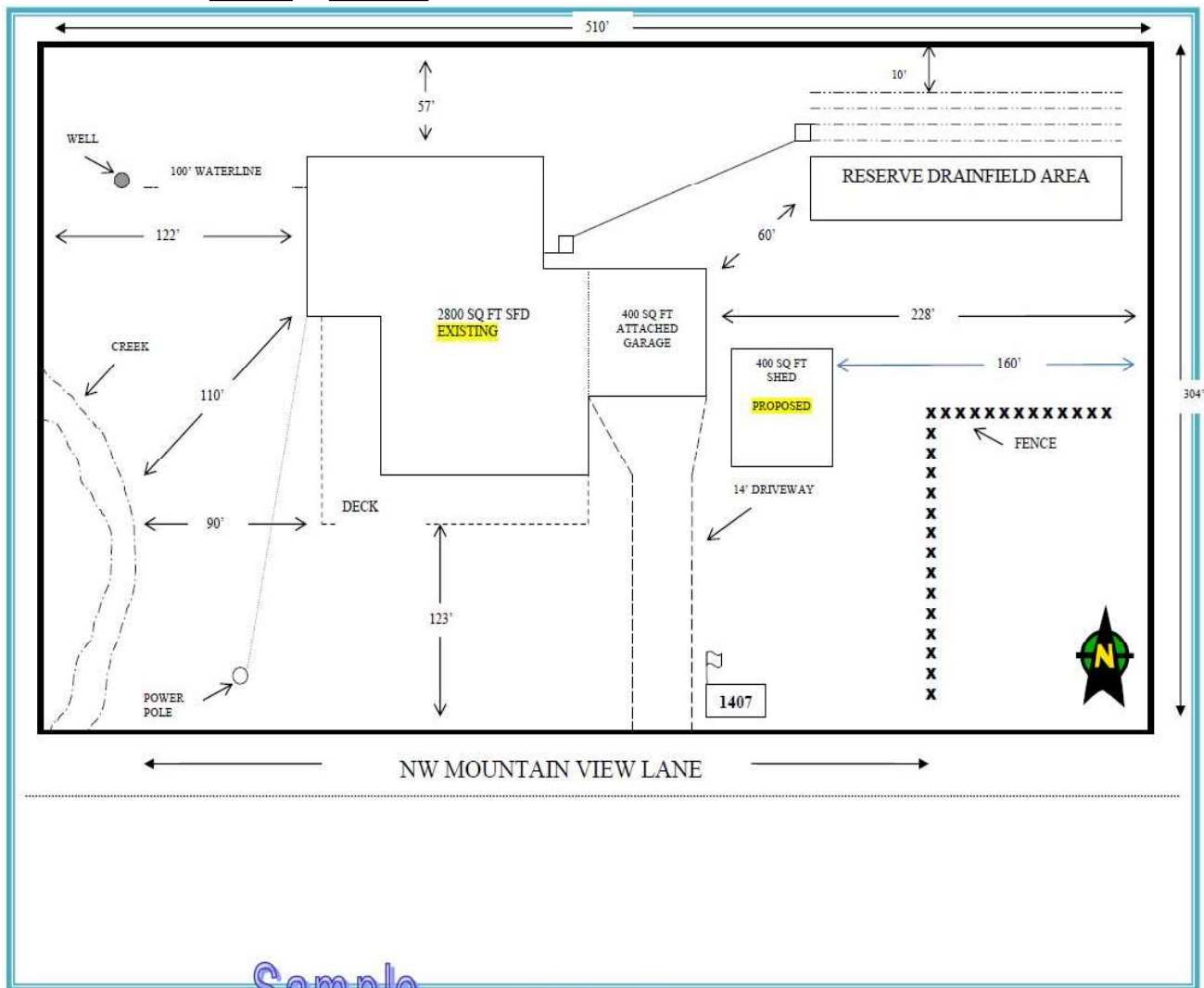
Phone: _____

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 -

