



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

LEGAL LOT or PARCEL DETERMINATION APPLICATION

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

Physical address of subject property: _____ Zoning: _____

Township _____ South, Range _____ East WM, Section _____ Tax Lot _____
Township _____ South, Range _____ East WM, Section _____ Tax Lot _____
Township _____ South, Range _____ East WM, Section _____ Tax Lot _____
Township _____ South, Range _____ East WM, Section _____ Tax Lot _____
Township _____ South, Range _____ East WM, Section _____ Tax Lot _____
Township _____ South, Range _____ East WM, Section _____ Tax Lot _____
Township _____ South, Range _____ East WM, Section _____ Tax Lot _____

DETAILED EXPLANATION:

I hereby request the following determination:

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. County Ordinances allow the County 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 REQUIREMENTS

- _____ A completed application form with the appropriate signatures
- _____ A signed “Authorized Form; if applicable (Copy is attached)
- _____ A copy of the TAX LOT CARD(s) (Available from the Crook County Community Development Department – no charge for copies.
- _____ Copies of ALL recorded DEEDS and CONTRACTS as shown on each Tax Lot Card. (Copies of Deeds & Contracts are available from the Crook County Clerk’s Office – copy fee applies).
- _____ Submit the correct application fee.



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: _____