



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

Planning Director Determination

This determination is advisory only and is the Planning Director's interpretation of the County's Code.

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: _____

*Please attach a map of the property

REQUEST:

SIGNATURES

Property Owner Signature: _____ Date _____

Print name: _____

Property Owner Signature: _____ Date _____

Print name: _____

Agent/Representative Signature: _____ Date _____

Print name: _____



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: _____