



RECORD No. 217 \_\_\_\_\_ - \_\_\_\_\_ PLNG

**Crook County Community Development  
Planning Division**

300 NE 3<sup>rd</sup> Street, Room 12, Prineville Oregon 97754  
541-447-3211  
[plan@crookcountyor.gov](mailto:plan@crookcountyor.gov)  
[www.co.crook.or.us](http://www.co.crook.or.us)

**PROPERTY LINE ADJUSTMENT**

**PROPERTY OWNER #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Time Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Township \_\_\_\_\_ South, Range \_\_\_\_\_ East WM, Section \_\_\_\_\_ Tax Lot \_\_\_\_\_  
Township \_\_\_\_\_ South, Range \_\_\_\_\_ East WM, Section \_\_\_\_\_ Tax Lot \_\_\_\_\_  
Size of property: \_\_\_\_\_ acres Zoning: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

**PROPERTY OWNER #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Time Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Township \_\_\_\_\_ South, Range \_\_\_\_\_ East WM, Section \_\_\_\_\_ Tax Lot \_\_\_\_\_  
Township \_\_\_\_\_ South, Range \_\_\_\_\_ East WM, Section \_\_\_\_\_ Tax Lot \_\_\_\_\_  
Size of property: \_\_\_\_\_ acres Zoning: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

**AGENT/REPRESENTATIVE:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Time Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**SURVEYOR OR ENGINEER:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**LEGAL PARCEL:**

<u>Parcel number</u>	<u>Date Created</u>	<u>Clerk Record Number</u>	<u>Land Use Record Number</u>

**REQUEST:**

<u>Parcel number</u>	<u>Current Acreage</u>	<u>Proposed Acreage</u>	<u>County Zoning</u>

**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: \_\_\_\_\_

**WEED CONTROL**

1306 N. Main Street, Prineville Phone: (541) 447-7958 Email: [kev.alexanian@co.crook.or.us](mailto: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.

**APPLICATION REQUIREMENTS**

- A Completed “Boundary Line Adjustment” application form with the appropriate signatures, contact information & fees.
- All owners must complete ownership information with signatures.
- “Vicinity Map(s) for all subject properties.
- Copy of “Warranty Deed(s)” for all subject properties.
- Copy of earliest deed that describes the property in its current configuration for all subject properties.
- A completed “Authorization Notice” if using a representative or agent.
- “BEFORE” and “AFTER” maps
  - a. Map of property “before” the boundary line adjustment
  - b. Map of property “after” the boundary line adjustment

**PROPERTY OWNER SIGNATURES:**

By signing below, I/WE agree to meet the standards governing the laws for “LAND PARTITIONS” as outlined in the State of Oregon’s OAR, ORS, Crook County Code, and/or the Crook County Comprehensive Plan. I/We agree that all the information contained in this application is true to the best of my knowledge.

PRINT OWNER NAME CLEARLY: \_\_\_\_\_ Date: \_\_\_\_\_

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

PRINT OWNER NAME CLEARLY: \_\_\_\_\_ Date: \_\_\_\_\_

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

PRINT AGENT/REPRESETNATIVE CLEARLY: \_\_\_\_\_ Date: \_\_\_\_\_

AGENT/REPRESENTATIVE SIGNATURE: \_\_\_\_\_