



**Crook County Community Development  
Planning Division**  
300 NE 3<sup>rd</sup> Street, Room 12, Prineville Oregon 97754  
541-447-3211  
[plan@co.crook.or.us](mailto:plan@co.crook.or.us)  
[www.co.crook.or.us](http://www.co.crook.or.us)

**SITE PLAN REVIEW - RESIDENTIAL & ACCESSORY BLDGS.**

**Destination Resort**

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

**FLOOD ZONE**

Is the property located within a Flood Zone? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, submit a "Special Flood Hazard Area Development Permit".

**Dwelling:**

Is this dwelling **Existing** or **Proposed**? (Circle one)

Is this dwelling a **Site Built Dwelling** or **Manufactured Home**? (Circle one)

What is the square footage?:

Dwelling/habitable: 1st floor \_\_\_\_\_ sq. ft. and 2nd floor \_\_\_\_\_ sq. ft.

Attached garage: 1st floor \_\_\_\_\_ sq. ft. and 2nd floor \_\_\_\_\_ sq. ft.

Number of stories: \_\_\_\_\_ Height: \_\_\_\_\_ (to the peak)

If the dwelling is a **Manufactured Dwelling** please complete the following:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**Accessory Structure #1**

Is this structure **Existing** or **Proposed**? (Circle one)

Building Use: \_\_\_\_\_

Size: 1st floor \_\_\_\_\_ sq. ft. and 2nd floor \_\_\_\_\_ sq. ft.

Height: \_\_\_\_\_ ft. to eave Number of stories: \_\_\_\_\_

Personal use: Yes \_\_\_\_\_ No \_\_\_\_\_ Commercial Use: Yes \_\_\_\_\_ No \_\_\_\_\_

Is this structure a **cargo container**? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this an addition to an existing accessory structure: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the existing accessory structure size: \_\_\_\_\_ sq. ft.

If you answer yes to any of the following, a floor plan of the structure will be required at submittal.

Will there be:

Bedrooms? Yes \_\_\_\_\_ No \_\_\_\_\_ Plumbing? Yes \_\_\_\_\_ No \_\_\_\_\_

Electrical? Yes \_\_\_\_\_ No \_\_\_\_\_ Mechanical? Yes \_\_\_\_\_ No \_\_\_\_\_

**WATER:** Will be supplied by AVION WATER – Phone: 541-382-5342 (Office)

Address: 60813 PARRELL ROAD, BEND OR, 97702

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SEWER:** Will be provided by Oregon Water Utilities

PHONE: 541-504-2305 (Office)

ADDRESS: 1230 GOLDEN PHEASANT DRIVE, REDMOND OR, 97756

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Notice to all applicants:** The Crook County Community Development, Planning Division is required to review all applications for accuracy and determine the adequacy of information needed to make a decision. Crook County Code (C.C.C.) allows 30 days to determine whether the application is complete. If the Planning Division determines that your application is incomplete, you will be requested in writing or email to provide the necessary missing information, and a decision on your application will be postponed until the information is received. Make sure your application is complete. The burden of proof lies with the applicant.

Attach a copy of an **approved** Site Plan stamped by the Brasada Ranch Design Review Committee on 8 & ½ by 11 paper, as well as email an original electronic copy.

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



# City / County

## ADDRESS APPLICATION

CROOK COUNTY COMMUNITY DEVELOPMENT  
 300 NE 3RD ST. RM 12 PRINEVILLE, OR 97754  
 PH: (541) 447-3211 FAX: (541) 416-2139  
 bld@co.crook.or.us

Application Submittal Date Stamp  
FOR OFFICE USE ONLY

**CITY AND/OR COUNTY PLANNING APPROVAL IS REQUIRED PRIOR TO ISSUANCE. APPROVAL OF THIS APPLICATION AND ISSUANCE OF AN ADDRESS IN NO WAY REPRESENTS CROOK COUNTY'S OPINION ABOUT THE STATUS OF LEGAL ACCESS TO THE SUBJECT PROPERTY. APPLICANTS ARE ENCOURAGED TO INVESTIGATE THE TITLE AND LEGAL ACCESS RIGHTS TO THE PROPERTY AT THEIR EXPENSE.**

**Site Information**

Tax Map #: \_\_\_\_\_ ( ) CITY ( ) COUNTY

Subdivision Name: \_\_\_\_\_ Phase: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

This request is for: ( ) NEW ADDRESS ( ) ADDRESS CHANGE ( ) OTHER

If request is for an address change, please explain why: \_\_\_\_\_

Is there currently a dwelling on this property? Yes ( ) No ( ) If yes, how many? \_\_\_\_\_

If yes, what is the address of the existing dwelling(s)? \_\_\_\_\_

Is this for a Medical Hardship? Yes ( ) No ( ) Is this for an accessory farm dwelling? Yes ( ) No ( )

What is the use of the structure for this address? (home, barn, shop commercial etc.) \_\_\_\_\_

Is this a corner lot? Yes ( ) No ( ) Is the access to your property directly off of a named road? Yes ( ) No ( )

Is the access to your property through an easement? Yes ( ) No ( ) Name of easement? \_\_\_\_\_

**Additional Property Information**

**Owner / Applicant Information**

Property Owner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's Name (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**For Office Use Only**

Fees	Office Use	Initial	Date
No. of Addresses Issued X \$110.00 =	Agencies Notified:		
No. of Fire Markers Issued X \$25.00 =	Road Modification:		
Date Paid: _____ Total Amount Due: _____	GIS Changes:		
( ) Check ( ) Cash ( ) CC	E911 (new range):		
Office Use Assigned by: _____ Date: _____	Planning Approval #:		
New Address _____	Comments:		
Postal District: _____			

**SITE PLAN PAGE MUST BE COMPLETED FOR THIS APPLICATION TO BE ACCEPTED**



## 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: \_\_\_\_\_

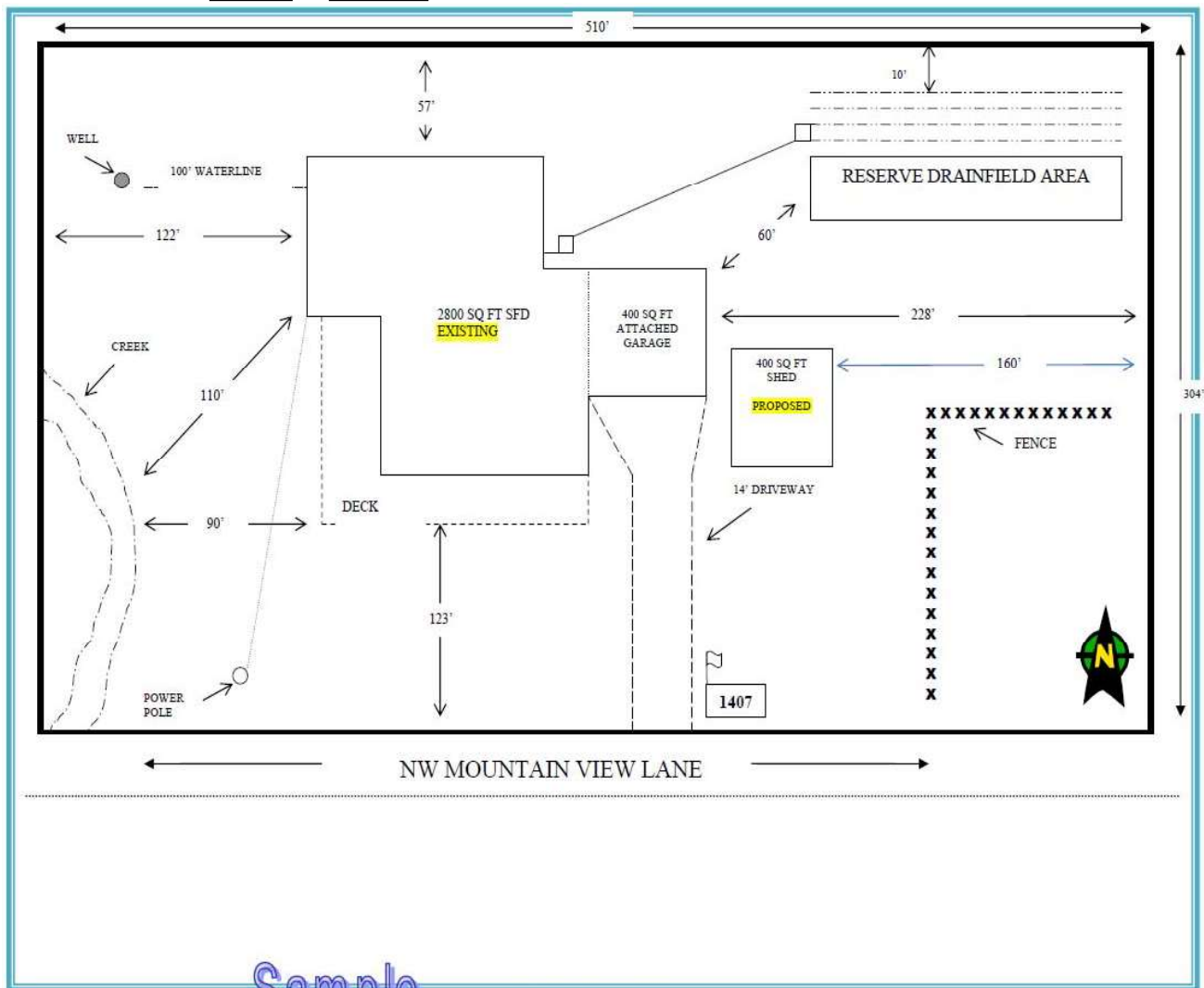
Phone: \_\_\_\_\_

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 -

