



**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

LOT OF RECORD & SITE PLAN REVIEW

A Lot of Record is an application for a dwelling approval on vacant land whereby the applicant/owner proves certain criteria are applicable including ownership of the property prior to January 1, 1985.

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".

TRACT OF LAND

When the lot or parcel, on which the dwelling will be sited, is part of a tract, the remaining portions of the tract must be consolidated into a single lot or parcel when the dwelling is allowed.

- a. Is the lot or parcel a part of a tract? Yes ___ No ___
b. If yes, please list all other lots or parcels:

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

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

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

Dwelling:

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: _____

Manufactured Dwelling shall be used solely for the purpose of a residential dwelling. Use of a manufactured dwelling for storage is prohibited. **Property Owner Initials** _____

Will a recreational vehicle be used as a temporary dwelling during the construction of the proposed dwelling? Yes ___ No ___

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 below, a floor plan of the structure will be required with submittal.

Will there be:

Bedrooms? Yes ___ No ___

Plumbing? Yes ___ No ___

Electrical? Yes ___ No ___

Mechanical? Yes ___ No ___

Accessory Structure #2

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 below, a floor plan of the structure will be required with submittal.

Will there be:

Bedrooms? Yes _____ No _____

Plumbing? Yes _____ No _____

Electrical? Yes _____ No _____

Mechanical? Yes _____ No _____

If there are more than 2 structures, please attach an additional page.

ON-SITE SEPTIC – WASTEWATER:

Soil/Site Evaluation Crook County File #: _____

Existing System Permit #: _____

SOIL SURVEY

Please provide a Soil Survey for the location of the proposed dwelling. Contact the Crook County Community Department at (541) 447-3211.

LOT OF RECORD REQUIREMENTS - ORS 215.705

Please provide evidence that your request meets the requirements of ORS 215.705:

- A governing body of a county of its designate may allow the establishment of a single-family dwelling on a lot or parcel located within a farm or forest.
- The lot or parcel on which the dwelling will be sited was lawfully created and was acquired by the present owner.
 - Prior to January 1, 1985; or
 - By devise or by intestate succession from a person who acquired the lot or parcel prior to January 1, 1985.
 - Provide necessary documentation.
- The parcel on which the dwelling will be sited does NOT include a dwelling.

- When the lot or parcel on which the dwelling will be sited lies within an area designated in an acknowledged comprehensive plan as habitat of big game, the siting of the dwelling is consistent with the limitations on density upon which the acknowledged comprehensive plan and land use regulations intended to protect the habitat are based. (Please submit "Wildlife Density")
- When the lot or parcel on which the dwelling will be sited is part of a larger tract, the remaining portions of the tract are consolidated into a single lot or parcel when the dwelling is allowed.

NOTE: Ownership includes the wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, stepparent, stepchild, grandparent or grandchild of the owner or a business entity owned by any one or combination of these family members.

The Lot or Parcel on which the dwelling will be sited must have been lawfully created and acquired by the present owner prior to January 1, 1985. Provide necessary documentation.

WILDLIFE WINTER RANGE

(This section must be signed off by Oregon Department of Fish & Wildlife (ODF&W)) 2042 SE Paulina Hwy, Prineville, OR 97754. Phone: (541) 447-5111 Ext. 26. Email: greg.s.jackle@state.or.us

When the lot or parcel on which the dwelling will be sited lies within an area designated in an acknowledged comprehensive plan as habitat of big game, the siting of the dwelling must be consistent with the limitations on density upon which the acknowledged comprehensive plan and land use regulations intended to protect the habitat are based.

Is the subject property located within a designated Habitat of Big Game overlay zone? Yes ___ No ___

If yes, which one: (please check the appropriate box)

- Critical Deer Winter Range
- General Deer Winter Range
- Elk Winter Range
- Antelope Winter Range

ODF&W Signature: _____ Date: _____

Comments:

ACCESS / ROADS

Is there existing access to the property? Yes _____ No _____

The access is from what kind of road: County _____ Public _____ Private _____ State (ODOT) _____

*Provide recorded easement or ODOT approval

Road Approach Permit Number: _____

If there isn't an existing permit, a grandfather road approach will be required for County or Public.

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: _____

DOMESTIC WATER

Water will be supplied by:

_____ An existing or proposed individual well

_____ 4 to 14 dwellings on one well State regulated system

_____ Shared well (Number of dwellings _____)

_____ Other: Please explain _____

_____ Community Water System: Name _____

Community Water System Authorization

Print Name: _____ **Daytime phone:** _____

Authorization Signature: _____ **Date:** _____

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.

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: _____

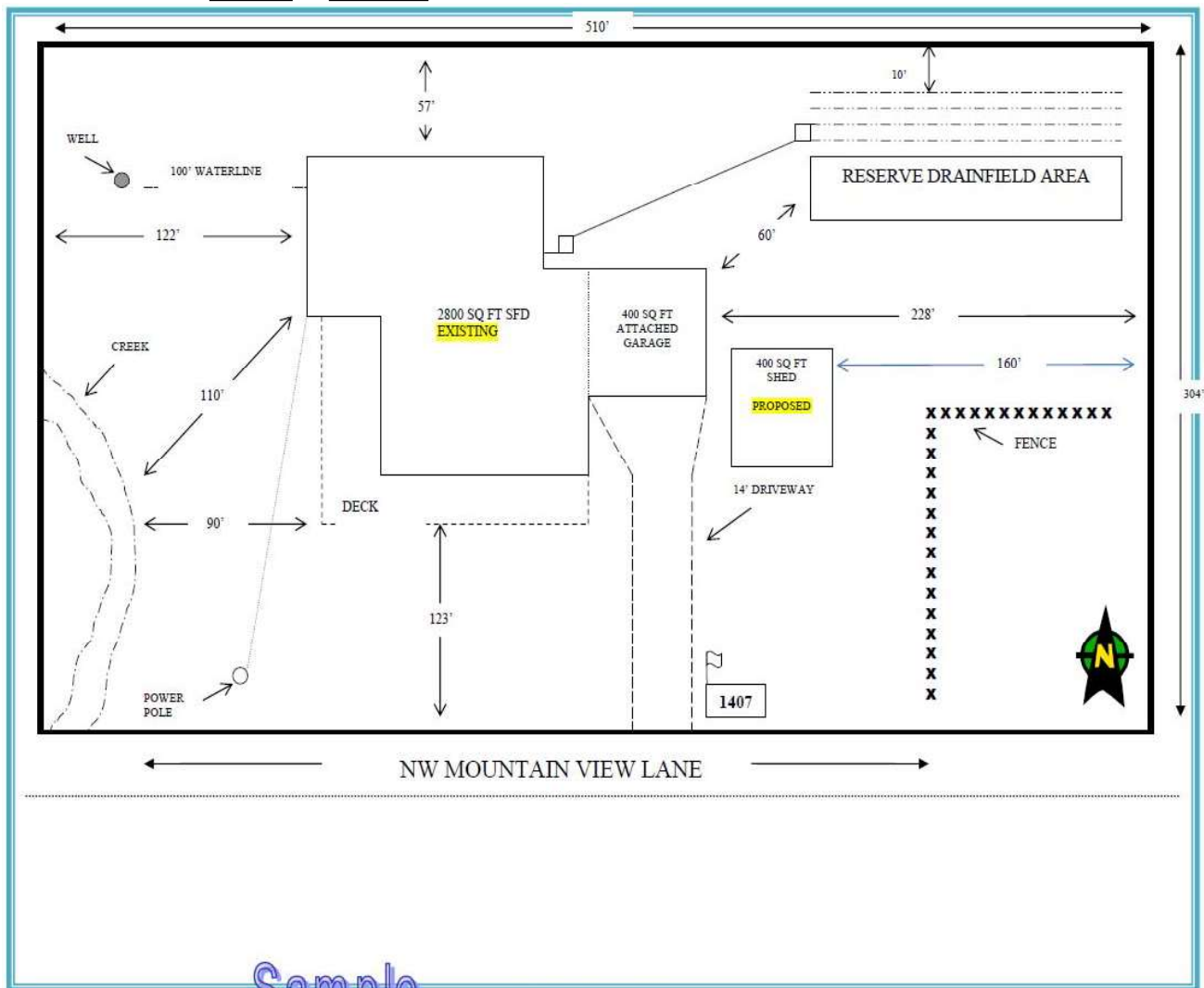
Phone: _____

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 -

