



*For Office Use Only*

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@co.crook.or.us](mailto:plan@co.crook.or.us)  
[www.co.crook.or.us](http://www.co.crook.or.us)

**SITE PLAN REVIEW – PRIMARY FARM DWELLING**  
**(EFU1, EFU2, EFU3)**

**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 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.**

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

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

**ACCESS / ROADS**

Is there existing access to the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, will the proposed access be from: County \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ State(ODOT) \_\_\_\_\_

\*Please provide recorded easement or ODOT approval

**ON-SITE SEPTIC – WASTEWATER:**

Soil/Site Evaluation Crook County File #: \_\_\_\_\_

Existing System Permit #: \_\_\_\_\_

**PLEASE INDICATE ONE OF THE FOLLOWING TESTS:**

Crook County Code, [Chapter 18.16](#) (18.16.025)

\_\_\_\_\_ \$40,000 Income test; Low Value Farmland

\_\_\_\_\_ 160/320 Acre test (160 for EFU2 and EFU3 / 320 for EFU1); Low Value Farmland

SUBMIT AND ADDRESS THE FOLLOWING INFORMATION ON A SEPARATE SHEET OF PAPER FOR THE APPROPRIATE APPLICATION.

**DWELLING ON LOW VALUE FARMLAND: INCOME TEST**

1. Proof that the parcel is currently employed for the farm use that produced at least \$40,000 in gross annual income from the sale of farm products in the last two years or three of the last five years (e.g., tax forms, farm receipts, etc.)
2. Evidence of the history of ownership for the subject property. (e.g., copy of tax lot card, deeds)
3. Statement that the parcel does not currently contain a dwelling, except for seasonal farm worker housing.
4. Indicate who produced the commodities which grossed the income in 1 above and who will occupy the dwelling.
5. Indicate if any livestock was sold to gross the income in 1 above, and if yes, provide documentation of the purchase price of the livestock. In determining the gross income requirements, the cost of purchasing livestock shall be deducted from the total gross income attributed to the parcel

OR

**DWELLING ON LOW VALUE FARMLAND: 160/320 ACRE TEST**

1. Proof that the parcel on which the dwelling will be located is at least 160 acres in the EFU2 and EFU3 zones, or 320 acres in the EFU1 zone.
2. Evidence of the history of ownership for the subject property. (e.g., copy of tax lot card, deeds)
3. Provide information demonstrating the parcel is currently employed for farm use.
4. Indicate who will occupy the dwelling and demonstrate the dwelling will be occupied by a person or persons who will be principally engaged in the farm use of the land. (e.g., planting, harvesting, marketing, or caring for livestock at a commercial scale)
5. Statement that except for seasonal farmworker housing approved prior to 2001, there is no other dwelling on the subject tract.

**FIRE PROTECTION**

Describe how Fire Protection will be provided to the property. If the subject property is located outside of the Crook County Fire Protection District, indicate how protection is provided, including water source and fire prevention methods. (Use Separate paper if necessary)

---

---

---

---

---

---

---

---

---

---

---

---

---

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.

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: \_\_\_\_\_



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

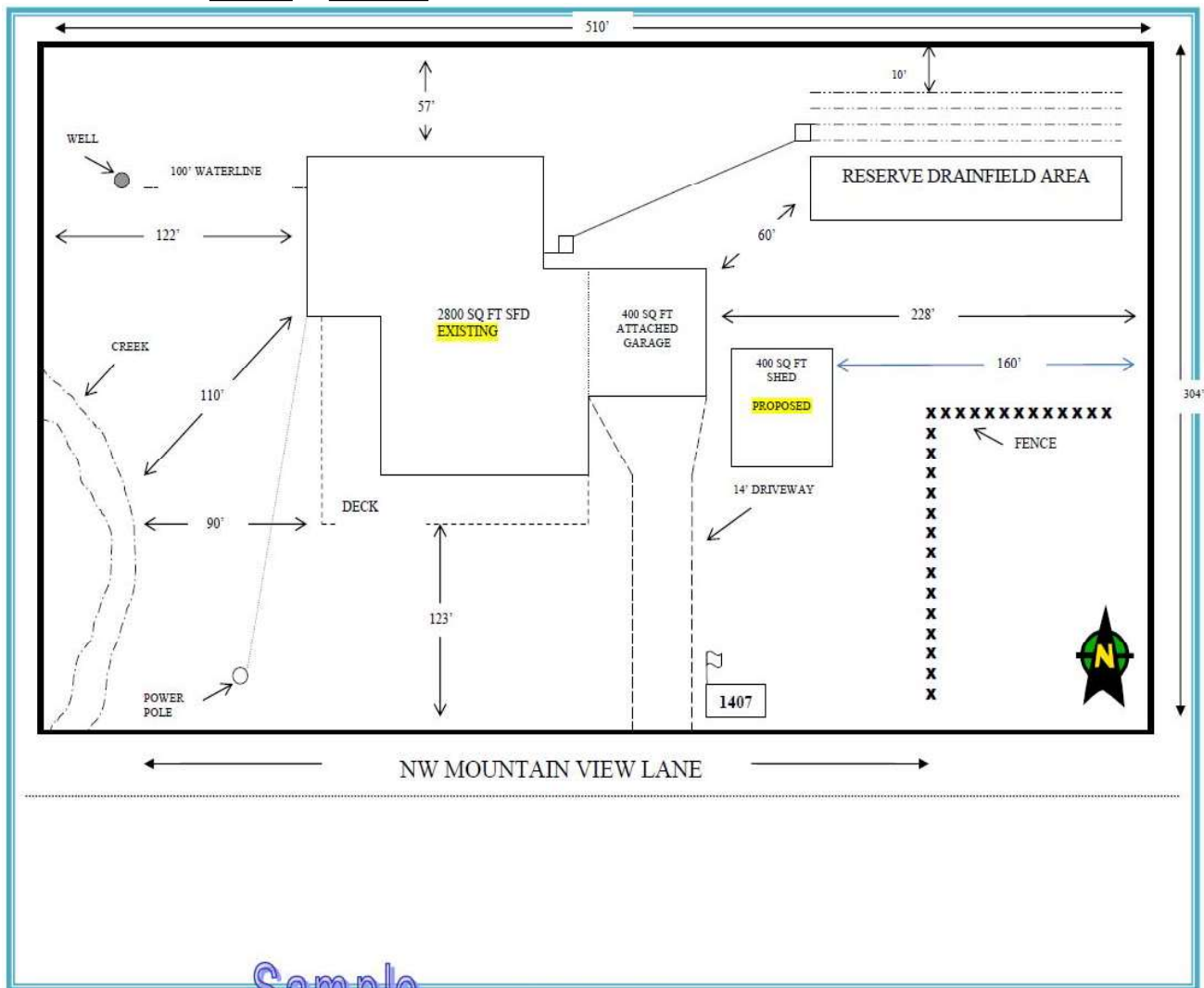
Phone: \_\_\_\_\_

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, BARNs, ETC. INDICATE ON THE PLOT PLAN IF EXISTING OR PROPOSED WITH DIMENSION SIZE.



Sample

- NOT TO SCALE -



