



RECORD No. 217 _____ - _____ *For Office Use Only* 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

SITE PLAN REVIEW - RESIDENTIAL & ACCESSORY BLDGS.
(NEW & REPLACEMENT)

All Zones Except EFU1, EFU2, EFU3, EFU-JA, AND F1

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 **New** or **Replacement** dwelling? (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: _____

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 _____

REPLACEMENT DWELLING:

If replacing an existing dwelling, please answer the following:

Is the existing dwelling a **Site Built** or a **Manufactured dwelling**? (Circle one)

What year was the dwelling lawfully established on the property?

Year: _____ Planning Approval No. _____ Date of Approval: _____

Will the structure be demolished on-site? Yes _____ No _____ When: _____ (Date)

(To ensure the safety for all, a Demo Permit is required to ensure septic, water & electricity are capped)

If removing a manufactured dwelling, please complete the following:

Year: _____ Make: _____ Model: _____

If moving the dwelling to another lot/parcel within Crook County, what is the:

Address: _____

Township _____ Range _____ Section _____ Tax lot _____

If moving the dwelling out of Crook County, where will it be re-located: (Address)

If the existing residence is a Manufactured Dwelling, as required by Chapter 18.132 of The Crook County Code, the Manufactured Dwelling must be removed from the property within 30 days of receiving a final inspection on the replacement dwelling.

ON-SITE SEPTIC – WASTEWATER:

Soil/Site Evaluation Crook County File #: _____

Existing System Permit #: _____

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.

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.

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: _____

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: _____

CHECK LIST OF REQUIREMENTS

- Signed application form
- Copy of the current owners Warranty Deed
- Signed Authorization Form; if applicable
- Detailed “Plot Plan/Site Plan” of the subject property
- Special Flood Hazard Area Development Permit; if applicable
- Supplemental Information



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: _____

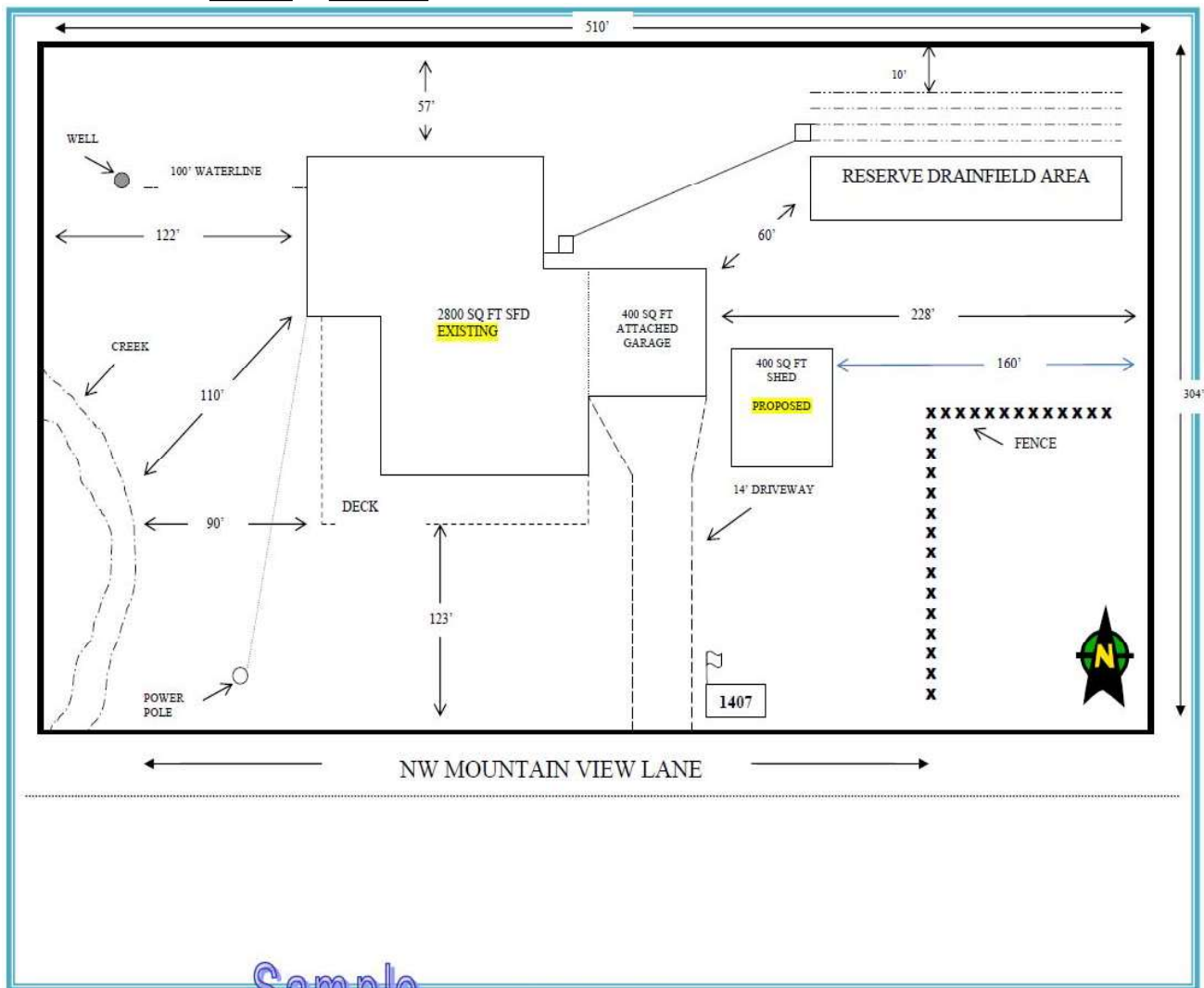
Phone: _____

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.



- NOT TO SCALE -

