



Crook County Planning Department
300 NE 3rd Street, Room 12, Prineville Oregon 97754
541-447-3211 plan@crookcountyor.gov

SITE PLAN REVIEW – ACCESSORY STRUCTURE

- Lighting spec sheets for proof of compliance with Dark Skies guidelines are required with this application, even if no electrical is being installed now. See Chapter 18.126 for details.
- A floor plan for all accessory structures is required.
- Please print clearly and legibly.
- Contact the Assessor’s office at 541-447-4133 if you have property tax questions.
- Every structure must receive planning approval. Depending upon the size, intended use and zone, the structure may be eligible for a building permit exemption.
- If the structure is or will be located inside a flood zone, a preliminary flood plain certificate is required.

- **Primary Land Use Application Approval #:** _____
- **Property owner Name:** _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone (____) _____ Email: _____

- **Agent’s Name:** _____ Phone: _____
- Mailing Address: _____
- City: _____ State: _____ Zip: _____
- Email: _____

- **Property Map and Taxlot # (13 digits)** _____ # Acres _____ Zone: _____
Physical address or road name: _____
Subdivision name, if applicable: _____
Is the proposed structure located within a Flood Zone? Yes _____ No _____
If yes, submit a preliminary flood plain elevation certificate.

- **Access:**
_____ **County Maintained Road:** (submit copy of approved access, or apply for approach permit)
_____ **Public Road:** (submit copy of approved access, or apply for approach permit)
_____ **Private Road / Easement:** (provide legal recorded documentation)
_____ **Oregon Department of Transportation:** (submit copy of approved ODOT permit)

• **Onsite/septic:** Will there be a bedroom? Yes ____ No ____ . If yes, provide approval # _____
Soil Site Evaluation # _____ OR Existing system permit # _____

• **Water source:** Will the structure have water? Yes ____ No ____
____ An existing or proposed individual well or shared well for up to 3 lots (recorded copy required)
____ 4 to 14 dwellings on one Community Water System. Name of CWS _____
Print Name of authorized signer for this system: _____ Phone: _____
Authorization Signature: _____ Date: _____
____ Other: Explain: _____

• **Accessory Structure #1 – personal or commercial use? (circle one)**

Is this structure an **Existing** or **Proposed new or addition to existing structure?** (Circle one)

Building Use: _____

Height (to eave): ____ # of stories: ____ Size: 1st floor ____ 2nd floor ____

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.

Will there be:

Bedrooms? Yes ____ No ____ Plumbing? Yes ____ No ____

Electrical? Yes ____ No ____ Mechanical? Yes ____ No ____

• **Accessory Structure #2 - personal or commercial use? (circle one)**

Is this structure an **Existing** or **Proposed new or addition to existing structure?** (Circle one)

If existing, provide size for before ____ and after ____ Intended use _____

Height (to eave): ____ # of stories: ____ Size: 1st floor ____ 2nd floor ____

Is this structure a cargo container? Yes ____ No ____

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.

• **If requesting an Ag building permit exemption (only available in EFU zones):**

- Is the parcel at least 80 acres in size and zoned Exclusive Farm Use?

OR

- Is the parcel currently used for “farm use”?
- Will more than 10 people be present at one time or will the structure be used by the

public? Yes _____ No _____

- Please describe the existing farm activities and/or use of structure:

- **If requesting an equine building permit exemption (only available in residential zones):**

- Will the structure be used for stabling or training equines, including but not limited to providing riding lessons, training clinics and schooling shows?

OR

- Will the structure be used for the storage of hay?
- Will the structure have more than 10 people present at one time or used by the public?

Yes _____ No _____

- **Irrigation water rights?:** Yes ___ No ___ If yes, obtain authorization signature.

Authorized printed name: _____ **DATE:** _____

Authorized signature: _____ **Phone:** (____) ____-____

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 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: _____

IMPORTANT NOTICE:

The Crook County Planning Department is required to review 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 needed. A decision will be postponed until the information is received. The responsibility for submitting a complete application lies with the applicant.

Record #: _____

CONDITIONS OF APPROVAL:

1. All necessary building permits must be obtained from the Crook County Community Development Department.
2. The proposed structure shall be placed as indicated on plot plan.
3. The property owner is responsible for verifying property lines.
4. The proposed structure shall not be used for any type of commercial use unless approved by the Planning Commission.
5. There shall be only 1 dwelling on the property, unless approved by the Planning Department.
6. This permit/approval does not consider any CCR's on private property. Enforcement is the responsibility of the property owner affected by any CCR's for private contract rights that this property may be subject to.
7. Minimum Setbacks: Front _____ Side: _____ Rear: _____
8. The applicants shall meet all conditions of this approval within two (2) years from the date this decision became final, or this approval shall be void. Expires: _____
9. All non-exempt exterior light fixtures shall be fully shielded. All non-exempt exterior light fixtures shall be installed in such a manner as to prevent light trespass. See CCC Chapter 18.126 for details.
10. Any changes to intended use or addition of bedrooms, plumbing, mechanical or electrical other than approved in this decision will require additional planning approval.
11. _____

Planner's Signature: _____

Print Name: _____ Title: _____ Date: _____



Crook County Community Development
300 NE 3rd Street, Prineville, OR 97754
Phone: (541) 447-3211 Fax: (541) 416-2139
Email: plan@crookcountyor.gov

AGENT AUTHORIZATION FORM

Let it be known:

has been retained to act as my authorized agent in submitting and managing the applications and information for the development of my property.

Select the appropriate processes:

- Pre application conference
- Land Use/Planning applications
- Building applications and permits

Tax Map # (13 digit/letter combination): _____

Physical address or TBD and road name: _____

Property owner name: _____

Mailing Address: _____

Phone: _____ email address: _____

Property Owner/s Signature: _____ Date: _____

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 and provide a copy of the bylaws or an operation agreement that verifies authorization to sign on behalf of the entity.
- If an LLC: Provide either an operating agreement or a Certificate of Trust
- If a Trust: Provide the name of the current Trustee (s) and supporting document that verifies authorization to sign on behalf of the entity

Agent name and business name: _____

Mailing Address: _____

Phone: _____ email address: _____

Signature: _____ Date: _____

The cost of the above actions, if not satisfied by the agent, are the responsibility of the property owner. This authorization expires 12 months from the owner's signature, or at the time the selected applications and processes are final, whichever is sooner.

Expiration date: _____



SITE PLAN



