

RECORD No. 217 24 - DOOD 2 For Office Use Only

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

Conditional Use Application

	Administrativ	ve or Public H	earing	DECEIVE
PROPERTY OWNER		SC	ANNED	JAN 29 2024
		First Name: Jul	ie and Ariana	A STATE OF THE PARTY OF THE PAR
Mailing Address: 1308 NE	E Carson St			
City:Prineville		State:O	R Zip:	97754
Day-time phone: (541				
Email: <u>juliemayers@kw.c</u>	com			
AGENT / REPRESENT Last Name: Kimley-Horn a Mailing Address: 1201 Th	and Associates		not, Liz	-
			10/0	00404
		State:		
Day-time phone: (<u>206</u>)		Cell Phone:	()	
mail:liz.willmot@kim	ley-horn.com			
PROPERTY LOCATIO	<u>N</u>			
Fownship <u>16</u> Sout	h, Range16	East WM, Section	n <u>02</u> , Ta	ax lot_1616020000900
Size of property: Approxin Physical address: permittin	g	Acres Zoning: Re Juniper Canyon Re	esidential Recreation d, Prineville, OR	nal Mobile Zone (RRM5)
Subdivision name, if applica	ible: N/A			

REQUEST:
In reference to code section 18.40020, Section 6, Dollar General will act as a grocery and
general goods store for nearby residents. It will serve their home needs and provide for their
recreational activities. Dollar General's products cater to the community both in rural and populated areas by providing reasonably priced goods for all. To add this store
in the area we are proposing will be a wonderful addition for customers to stop by to pick up any necessary items on their way to bike, play sports hike and ski. We kindly request a
conditional use permit to allow the Dollar General store.
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
in the state of th
ENVIRONMENTAL HEALTH – SEPTIC DISPOSAL
Soil/Site Evaluation Crook County File:TBD
On-Site Authorization:
FLOOD ZONE
Is the property located within a Flood Zone? YesNoNo
If yes, submit a "Special Flood Hazard Area Development Permit".
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 If the property has irrigation water rights, who is the supplier: Central Oregon Irrigation District - 541-548-6047	No		
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: P	Phone:		
COMMENTS:			
WILDLIFE			
ODF&W, Prineville Field Office, 2042 SE Paulina Hwy Phon	e: (541) 447-5111		
Is the subject property located within a "Winter Wildlife" overla	y zone? Yes No		
Is the subject property located within a "Sensitive Bird Habitat"	zone? YesNo		
COMMENTS: _The site is within the Winter Range for deer po			
ODF&W Signature:Print Name:			

7.1.2022

WEED CONTROL

Phone: (541) 447-7958 Email: kev.alexanian@co.crook.or.us		
Date:		

SUPPLEMENTAL INFORMATION

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. State law requires that all information to support an application be available for public inspection at our office 20-days before a public hearing. Any information submitted after this date may require a postponement of the hearing date if necessary. 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: Www WCY	
Print name: Ariana mayera	17
Property Owner Signature: Duis Myllo Print name: Suite prayas	Date <u>8/29/2)</u>
Agent/Representative Signature: Lig WWW Dat	re 8/31/23
Print name: Liz Willmot	
CHECK LIST OF REQUIREMENTS	.2.
Detailed explanation of the proposed use and how the applic criteria are satisfied. Crook County Code, Title 18 has the applicand criteria.	
☐ Signed application form	
Copy of the Tax Lot Card	
Copy of the current owners Warranty Deed	
☐ Signed Authorization Form; if applicable	
☑ Detailed "Plot Plan/Site Plan" of the subject property	e e
☐ Special Flood Hazard Area Development Permit; if applicable	
☐ Supplemental Information	



Crook County Community Development

300 NE 3rd Street, Princyille, OR 97754

Phone: (541) 447-3211 Fax: (541) 416-2139

Email: bld@co.crook.or.us Website: www.co.crook.or.us

AUTHORIZATION FORM

e known that	Kimley-Horn and Associates

Let it b (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: Approximately - 9660 SE Juniper Canyon Rd, and described in the records of Prineville, OR. To be assigned after permitting. CROOK COUNTY, Oregon as map/tax number: (APN): 1616020000900 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) Julie and Ariana Mayers Printed Name: Signature: 1308 NE Carsen St Mailing Address: City: Prineville OR 97754 State: Zip: 541-699-2736 Phone: juliemayers@kw.com eMail: X Individual Corporation Limited Liability Corporation 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: Kimley-Horn and Associates (Liz Willmot) Signature: Mailing Address: 1201 Third Avenue, Suite 2800 City: Seattle WA 98101 State: Zip: (206 Phone:

cMail:

liz.willmot@kimley-horn.com