



Record No. 217-\_\_\_\_\_-\_\_\_\_\_ PLNG

Fee(s): Residential \$720.00  
Commercial \$1067.00  
Addressing \$110.00

### Crook County Community Development

300 NE 3<sup>rd</sup> Street, Room 12, Prineville Oregon 97754

Phone: 541-447-3211 / Fax: 541-416-2139

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

### SITE PLAN REVIEW -RESIDENTIAL & ACCESSORY BLDGS

#### Destination Resort

**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 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.***

#### PROPERTY OWNER

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### AGENT / REPRESENTATIVE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### PROPERTY LOCATION

TOWNSHIP \_\_\_\_\_ SOUTH, RANGE \_\_\_\_\_ EAST WM, SECTION \_\_\_\_\_, TAX LOT \_\_\_\_\_

SIZE OF PROPERTY: \_\_\_\_\_ ACRES ZONING: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

SUBDIVISION, IF APPLICABLE: \_\_\_\_\_

**PROPOSED:**

**RESIDENCE** \_\_\_\_\_ **OR** **REPLACEMENT RESIDENCE** \_\_\_\_\_

- A. HEIGHT OF STRUCTURE: \_\_\_\_\_ FEET (PEAK)
- B. NUMBER OF STORIES: \_\_\_\_\_
- C. TOTAL SQUARE FOOTAGE OF PROPOSED STRUCTURE: \_\_\_\_\_
- D. RESIDENCE: \_\_\_\_\_ SQ. FT. / GARAGE: \_\_\_\_\_ SQ. FT. / DECKING – PATIO: \_\_\_\_\_ SQ. FT.

**ACCESSORY STRUCTURE** \_\_\_\_\_

- A. SIZE \_\_\_\_\_ USE \_\_\_\_\_
- B. IS THIS AN ADDITION TO AN EXISTING ACCESSORY STRUCTURE: YES \_\_\_\_\_ NO \_\_\_\_\_
- C. EXISTING STRUCTURE SIZE: \_\_\_\_\_ SQUARE FEET NO. OF STORIES \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICES AND IMPROVEMENTS**

**WATER** WILL BE SUPPLIED BY **AVION WATER**

**PHONE:** 541.382.5342 (OFFICE)  
**ADDRESS:** 60813 PARRELL ROAD, BEND, OR 97702

PRINT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
AUTHORIZATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SEWER** WILL BE PROVIDED BY **BRASADA RANCH UTILITY, LLC**

**PHONE:** 541.323.6087 (OFFICE) / 541.604.0043 (CELL – BOB MCDANIEL)  
**ADDRESS:** 1230 GOLDEN PHEASANT DRIVE, REDMOND, OR 97756

PRINT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
AUTHORIZATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ADDRESS APPLICATION**

THE “ADDRESS” APPLICATION MUST BE SUBMITTED WITH YOUR SITE PLAN REVIEW APPLICATION. THE FEE WILL BE COLLECTED WHEN YOU SUBMIT YOUR SITE PLAN REVIEW.

**WARRANTY DEED**

A COPY OF THE **WARRANTY DEED** INDICATING THE CURRENT PROPERTY OWNER MUST BE ATTACHED WITH THIS APPLICATION. (CONTACT THE CROOK COUNTY CLERK’S OFFICE AT 541.447.6553. COURTHOUSE BUILDING ROOM 23)

**SIGNATURES**

***I AGREE TO MEET THE STANDARDS GOVERNING THE LAWS FOR "SITE PLAN REVIEWS" 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: \_\_\_\_\_

*(NOTE: IF AGENT/REPRESENTATIVE IS SUBMITTING YOUR APPLICATION ON BEHALF OF THE PROPERTY OWNER, THE "LETTER OF AUTHORIZATION" FORM MUST BE COMPLETED AND ATTACHED TO THIS APPLICATION)*

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**NOTE:** ATTACH A COPY OF AN **APPROVED** "PLOT PLAN" AUTHORIZED BY THE "**BRASADA RANCH DESIGN REVIEW COMMITTEE**." SAID PLOT PLAN OR SITE PLAN MUST BE STAMPED AND SIGNED BY AN AUTHORIZED PERSON OF THE BRASADA RANCH DESIGN REVIEW COMMITTEE.

**THE "SITE PLAN" MUST BE SUBMITTED ON 8-1/2 X 11**



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

This request is for: ( ) NEW ADDRESS ( ) ADDRESS CHANGE ( ) OTHER

Phase: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

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: _____	GIS Changes:		
( ) Check ( ) Cash ( ) CC	E911 (new range):		
Office Use Assigned by: _____ Date: _____	Planning Approval #:		
New Address _____	Comments:		
Postal District: _____			
Total Amount Due: _____			

**SITE PLAN PAGE MUST BE COMPLETED FOR THIS APPLICATION TO BE ACCEPTED**



# Community Development Department

300 NE 3<sup>rd</sup> Street, Prineville, OR 97754

Phone: (541) 447.8156 / Fax: 541-416-2139

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

Physical address of property: \_\_\_\_\_, and described in the records of CROOK COUNTY as:

Township \_\_\_\_\_ South, Range \_\_\_\_\_ East, Section \_\_\_\_\_, Tax lot \_\_\_\_\_

Township \_\_\_\_\_ South, Range \_\_\_\_\_ East, Section \_\_\_\_\_, Tax lot \_\_\_\_\_

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)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

- Individual(s)
- Corporation;
- Limited Liability Corporation;
- Trust

**IMPORTANT NOTE:** Indicate whether property is owned in individual name(s), or by a business or other entity (e.g. Corporation, Limited Liability Company; or Trust). If property is owned by an entity, include names of all authorized signers. For Example:

If the owner is a Corporation, Limited Liability Corporation or Trust, the following information is required as part of this form.

If a Corporation ~ please provide the name of President or other authorized signor(s).

If a Limited Liability Corporation ~ provide names of ALL members & managers.

If a Trust ~ provide the name of current Trustee(s)

**In addition**, you will need to include a copy of Bylaws (Corporations); an Operating Agreement (Limited Liability Company); or Certificate of Trust (Trusts) that verifies authority to sign on behalf of the entity.

**AGENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_