

RECORD No. 217

PLNG

Fee: \$385.00



Crook County Community Development Department
Planning Department

300 NE 3rd Street, Room 12, Prineville Oregon 97754

Phone: 541-447-8156 / Fax: 541-416-2319

Email: plan@co.crook.or.us / Website: www.co.crook.or.us

Combining / Un-Combining Lots and Parcels

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: _____

(MUST SIGN THE ATTACHED LETTER OF AUTHORIZATION)

LOCATION OF PROPERTY

Township _____ South, Range _____ East WM, Section _____, Tax lot _____

Township _____ South, Range _____ East WM, Section _____, Tax lot _____

Township _____ South, Range _____ East WM, Section _____, Tax lot _____

Township _____ South, Range _____ East WM, Section _____, Tax lot _____

Physical address of subject property: _____

Zoning: _____ Subdivision name: _____

If **Un-combining** lots please submit a plot plan showing **ALL** existing or proposed structures with setback distance from **ALL** property lines, including the original property lines

EXPLAIN WHY YOU ARE REQUESTING TO COMBINE THESE LOTS/PARCELS?

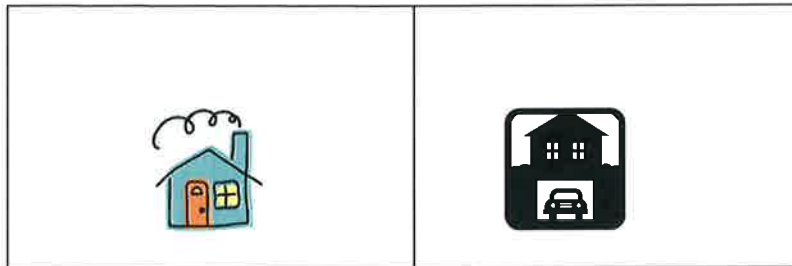
ARE THESE LEGAL PARCELS? Yes ___ No ___ Don't know ___

ARE THESE LOTS LOCATED WITHIN A LEGALLY PLATTED SUBDIVISION? Yes ___ No ___ Don't know ___

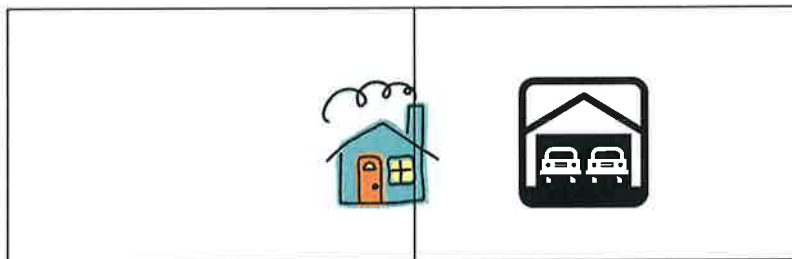
Name of Subdivision: _____

EXPLAIN HOW YOU PLAN TO DEVELOP YOUR PROPERTY – See examples – which best describes how you will development the property.

Example #1



Example #2



Please show how your property will be developed

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SIGNATURES

I AGREE TO MEET THE STANDARDS GOVERNING LANDS AS OUTLINED IN THE CROOK COUNTY CODE, AND THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDG

Owner Signature: _____ Date: _____

Print Name: _____

Owner Signature: _____ Date: _____

Print Name: _____

Agent/Representative Signature: _____ Date: _____

Print Name: _____

APPLICATION REQUIREMENTS / CHECK LIST

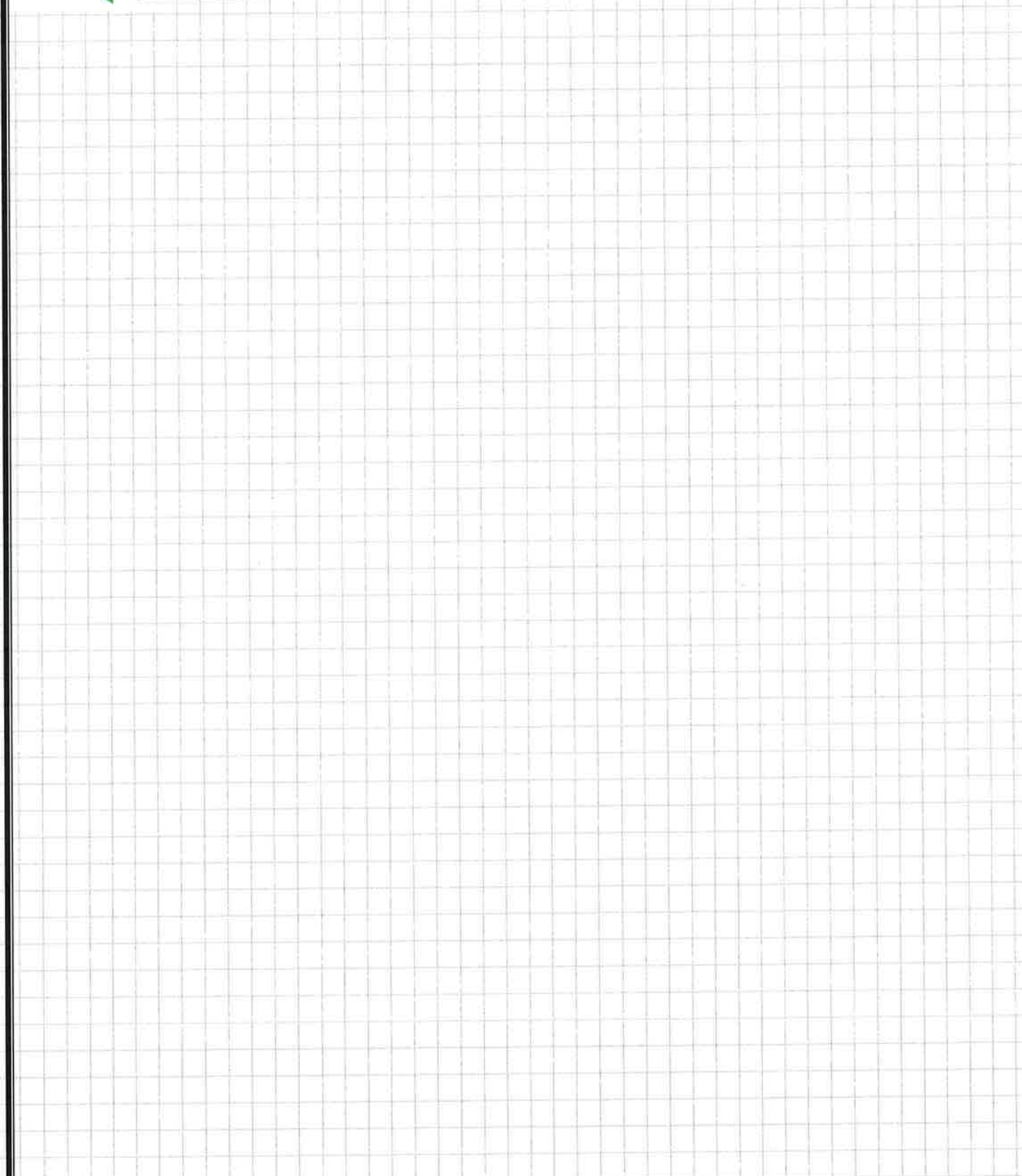
1. A completed "**Combining/Un-Combining**" application form with the appropriate signatures.
2. A copy of the **Vicinity Map(s)** and **Tax Lot Card(s)** for all proposed tax lots.
3. Submit a **before** and **after** map that shows existing lot lines / parcels
4. Copies of "**Warranty Deeds**" for all lots/parcels.
a. NOTE: The "Deed Name" must match on all proposed lots/parcels.
5. If an agent/representative will be submitting the application, a completed "Authorization Form" is required. The owner's signature is required.
6. A signed copy of a "**Statement of Understanding.**"
7. A current Plot Plan that shows all existing structures, setback distances from all structures to property boundary, septic system location, water source, road access (driveway), and all easements.
8. Submit the appropriate fee.

ONCE YOU'VE RECEIVED YOUR PLANNING APPROVAL

1. **STEP 1 – IMPORTANT** – Review “all” of your conditions of approval.
2. **STEP 2** – Review your condition regarding the “**Expiration Date.**” All conditions of approval must be met prior to the expiration date indicated on your Planning Final Decision.
3. **STEP 3** – As a condition of your approval, you are required to fill out the “**Combining Lots**” form from the Crook County Assessor’s Office. You are required to provide the Community Development Department a copy that shows the Assessor’s has received this form. Before you submit a copy of this form, please make sure the Assessor’s Office has completed their portion of the form (bottom section).
 - a. A copy of the “Combining Lots” form is available from the Crook County Assessor’s Office or the Community Development Department.
 - b. You will need to speak to the Crook County Assessor’s Office to determine if they will require further documentation in order to process this request for re-mapping.
4. **STEP 4** – You are required to submit the necessary documentation that shows any past due property taxes, if applicable, have been paid. Submit the necessary document from the Crook County Treasurer’s Office.
5. **STEP 5** - Is a Re-plat or Deed Restriction required? Your Final Decision will indicate whether or not a “Deed Restriction” will be required, or if a “Re-Plat” will be required to be provided by an Oregon Licensed Surveyor.
 - a. If a “**Deed Restriction**” is required as a condition of your approval, you will be required to submit a “recorded” Deed Restriction. A copy of a Deed Restriction is available from the Crook County Community Development Department.
 - b. If a “**Re-plat**” is required as a condition of your approval, you will be required to contact an Oregon Licensed Surveyor to have them prepare a “Re-plat” that must be recorded in the Crook County Clerk’s Office.



SITE PLAN





Community Development Department

300 NE 3rd Street, Prineville, OR 97754

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

Email: plan@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.

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: _____



STATEMENT OF UNDERSTANDING

I wish to develop the property described as Township _____ South, Range _____ East WM, Section _____, Tax lot(s) _____ in a way that requires permits from Crook County, including land use approval, a septic site evaluation and/or septic permits, and building and supplemental construction permits.

I understand that State law does not allow Crook County to issue a septic or building permit before the County has determined that the proposed development complies with all County land use regulations.

In addition, in making this request, I understand and agree that:

1. No other permits will be issued until the land use permit has been granted.
2. The land use permit may not be granted if the required approval criteria are not met.
3. If the land use permit is not granted, the other permits applied for will not be issued.
4. If the land use permit is not granted, no refund will be given for any land use, site evaluation, plan review or permit fees already paid.

Print Name Clearly: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____