

PERMIT No. _____



FEES

**Modification of Conditions "with" Public Hearing: \$1650
(Subdivision & PUD)**

**Crook County Community Development Department
Planning Division**

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

MODIFICATION REQUEST

(SUBDIVISIONS & PUD)

MODIFICATION OF CONDITIONS with PUBLIC HEARING

NOTICE TO ALL APPLICANTS: 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. County Ordinances allow the County 30 days to determine whether the application is complete. If the Planning Department determines that your application is incomplete, you will be requested in writing to provide the missing information and 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.**

PROPERTY OWNER INFORMATION

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Owner's Signature: _____ Date: _____

AGENT/REPRESENTATIVE

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Agent's Signature: _____ Date: _____

Tax Map # _____ Situs: _____

Subdivision or PUD Name: _____

State what the original approval was for:

Explain your request for modification: what, where, why:

Please attach any exhibits to better explain your reasons of modification

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 clearly: _____

Property Owner Signature: _____ Date _____
Print name clearly: _____

Agent/Representative Signature: _____ Date _____
Print name
clearly: _____

(Note: If an agent/representative is submitting your application on behalf of the property owner, the "Authorization Form" must be completed and attached to this application.)



Community Development Department

300 NE 3rd Street, Prineville, OR 97754

Phone: (541) 447-8156 / Fax: (541) 416-2139

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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

Other

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: _____