



Permit No.(s)	<i>For Office Use Only</i>
	CU _____
	Fee: \$1001.00
	Expedite Fee: Add \$300

**Crook County Community Development
Planning Division**
300 NE 3rd Street, Room 12, Prineville Oregon 97754
Phone: 541-447-8156 / Fax: 541-416-2139

Conditional Use Application – Non Farm Dwelling
(Parcel created after January 1, 1993 per ORS 215.284(7)(a)(b)(c)(d))

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 Planning Commission have the 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 Department 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. State Law requires that 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

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: _____

PROPERTY LOCATION

Township _____ South, Range _____ East WM, Section _____, Tax lot _____
Size of property: _____ acres Zoning: _____
Is the subject property located on a corner? Yes ____ No ____
Total parcel size: _____ acres

RESIDENCE INFORMATION

STEP 1:

Is this request for a “**Site**” built residence or a “**Manufactured Dwelling?**”

Site Built: _____ **Manufactured Dwelling:** _____

CCC 18.08.130(M)- DEFINITION OF MANUFACTURE HOME means structures with a Department of Housing & Urban Development (HUD) label certifying that the structure is constructed in accordance with the National Manufactured Housing Construction & Safety Standards Act of 1974 as amended on August 22, 1981. **The Manufactured Home shall be constructed after June 15, 1976 or later, and the manufactured home shall be a double-wide or wider unit.**

STEP 2:

Complete all that are applicable)

- a. Height of structure: _____ feet
- b. Number of stories: _____
- c. Total square footage of proposed structure: _____
- d. If a manufactured dwelling: Year and Model _____
(Include a layout of MH)
- e. If a manufactured dwelling: (Check only one of the following)
Double-wide: _____ Triple-wide: _____

STEP 3:

Will an “RV” be used as a Temporary residence during the construction of said structure?

Yes _____ **No** _____

WARRANTY DEED

STEP 4:

A copy of the **Warranty Deed** indicating the “current property owner” must be attached with this application.

ACCESSORY BUILDING(s):

STEP 5:

List all “PROPOSED” accessory buildings. Show all “EXISTING” accessory buildings on your Plot Plan/Site Plan. Also, indicate what the use is for each structure.

Proposed Building #1

Size of Structure _____ Use _____

Is this an addition to an existing accessory structure: Yes ___ No ___

Existing structure size: _____ square feet No. of stories _____

Comments

Proposed Building #2

Size of Structure _____ Use _____

Is this an addition to an existing accessory structure: Yes ___ No ___

Existing structure size: _____ square feet No. of stories _____

Comments

IMPORTANT: Per Crook County Code (C.C.C.) 18.132 – Manufactured & Mobile Homes ~ the manufactured dwelling shall be used solely for the purpose of a residential dwelling. Use of a manufactured dwelling for storage is **prohibited**.

_____ **Home Owner Initial**

SERVICES AND IMPROVEMENTS

STEP 6:

1. **Water** will be supplied by:

_____ Other (specify)

_____ Existing Individual Well

_____ Proposed Individual Well

_____ Shared well with: Map # T _____ R _____ Sec _____

Tax lot _____

2. **Sewage Disposal**-Will be disposed by: _____

Septic system: Copy of **Site/Soil Evaluation** Report from Environmental Health must be attached.

ROADS

STEP 7:

Explain how you will access your property for the proposed Accessory Farm Dwelling:

Will you ACCESS this property from an existing access? Yes ____ No ____
If yes, submit a copy of an “APPROVED” Road Approach Access.

If no, will the proposed access be from:

County_____ Public_____ *Private_____ **State _____(check one only)

* If private easement, provide **legal recorded documentation**.

** If accessing from State Highway, an “**approved**” ODOT permit must be attached with this application: No Exceptions!

*** If accessing the property from a county maintained or county public road, a “Road Approach” application is required.

Oregon Department of Transportation
(Contact Robert Morrow at ODOT – Bend Office)
Phone: 541.388.6169
Email: Robert.j.morrow@odot.state.or.us

WILDLIFE DISTRICT

STEP 8:

Is the property located inside a Wildlife Wintering Range area? Yes _____ No _____

If yes, would ODF&W have objections and/or concerns regarding this application?

_____ General Deer Wintering Range _____ Critical Deer Winter Range
_____ Elk Wintering Range _____ Antelope Wintering Range

Comments:

ODF&W Signature: _____ Date: _____

**ODF&W, Attn- Greg Jackle, 2042 SE Paulina Highway, Prineville, OR 97754
Phone: (541) 447-5111**

ORS 215.284(7)(a-d) CRITERIA
(Dwelling not in conjunction with farm use)

STEP 10:

- A. Explain how the dwelling or activities associated with the dwelling will not force a significant change in or significantly increase the cost of accepted farming or forest practices on nearby lands devoted to farm or forest use;
- B. Provide documentation that the dwelling will be sited on a lot or parcel that was created after January 1, 1993.
- C. Explain how the dwelling will not materially alter the stability of the overall land use pattern of the area; and
- D. Explain how the dwelling complies with such other conditions as governing body or its designee considers necessary.

IRRIGATION WATER RIGHT

STEP 11:

IMPORTANT NOTE: A sign-off from State Watermaster and/or the relevant irrigation district **is required.**

Please indicate the location of all existing water rights, number of acres, and proposed division of water rights.

If the property has irrigation water rights, who is the supplier:

- _____ **Central Oregon Irrigation District:**
Phone: 541.548.6047 / Fax 541.548.0243
Address: 1055 SW Lake Ct, Redmond, OR 97756
- _____ **Ochoco Irrigation District:**
Phone: 541.447.6449 / Fax 541.447.3978
Address: 1001 N Deer Street, Prineville, OR 97754
- _____ **Water Resources Department:**
Phone 541.306.6885 / Fax 541.388.5101
Address: 231 SW Scalehouse Loop, Bend, OR 97702
- _____ **People's Irrigation District:**
Phone 541.447.7797)
- _____ Other: _____

_____ This property does not have any water rights? Yes ___ No ___

- A. If yes, what is the amount of acres of irrigation water right? _____
acres
- B. Is there an irrigation ditch and/or an underground pipeline that runs
through the property? Yes ___ No ___
- C. Is there a distribution point for irrigation located on the property?
Yes ___ No ___

Watermaster Signature: _____ **Date:** _____

Irrigation District Signature: _____ **Date:** _____

COMMENTS:

SOIL

STEP 12:

Attach the “Soil Survey” that shows predominate soil classes of the subject parcel. Contact Nate at the **Community Development Department**, Courthouse Building, 300 NE 3rd Street, Room 12, Prineville, OR 97754. If you should have questions, soil survey application fees, etc., you can contact Nate at 541-447-3211, Ext. 287.

ONE-MILE STUDY AREA INFORMATION

STEP 13:

- 1.) Explain, in detail, how your request for a non-farm dwelling or activities associated with the dwelling will **NOT** force a significant increase in the cost of accepted farming or forest practices on nearby lands devoted to farm or forest use. **(BE SPECIFIC)**
- 2.) Explain, in detail, how the proposed non-farm dwelling would be situated upon a lot or parcel or portion of a lot or parcel that is **generally unsuitable** land for the production of farm crops and livestock or merchantable trees species, considering the terrain, adverse soil or land conditions, drainage and flooding, vegetation, location and size of the tract. A lot or parcel or portion of a lot or parcel may not be considered unsuitable solely because of size or location if it can reasonably be put to farm or forest use in conjunction with other land. **(BE SPECIFIC)**
- 3.) Explain, in detail, how your request for a non-farm dwelling will **NOT** materially alter the stability of the overall land use pattern of the area.
- 4.) The dwelling will be sited on a lot or parcel created **after** January 1, 1993. Provide documentation showing the date that the subject parcel had been created. **(A copy of the “TAX LOT CARD” from the Crook County Assessor’s Office)**
Phone: 541.447.4133

Attach the “**One-Mile Study Analysis**” that shows the surrounding properties located within 1-mile of the subject parcel. Contact Nate at the **Community Development Department**, Courthouse Building, 300 NE 3rd Street, Room 12, Prineville, OR 97754. If you should have questions, One-Mile Study Application form, fees, etc. / Contact Nate at 541-447-3211, Ext. 287.

**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 KNOWLEDGE.

Owner’s Signature: _____ Date: _____

Print Owners Name: _____

Owner’s Signature: _____ Date: _____

Print Owners Name: _____

Agent or Representative Signature: _____ Date: _____

Print Agent or Representative’s Name: _____

(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)



SITE PLAN / PLOT PLAN

STEP 14:

The detailed “Plot Plan / Site Plan” must include the following:

- Scale of map – not greater than one inch per 400 feet.
- North arrow.
- Dimensions and boundaries of the property.
- Location of all easements and names, and the right-of-way widths of existing roads and easements or right-of-way for any proposed roads, utilities, bikeways, and access corridors.
- If the parcel or lot has irrigation water right, indicate the area of the water right with the number of irrigated acres. In addition, submit a copy of a water right map from the district.
- Names and locations of all roads adjacent to the property.
- Location of **well or water source** on your property. In addition, indicate the distance from water source to nearest point of septic system drain field and / or replacement drain field area.
- Location of **septic system test holes** used for the site evaluation during the feasibility process. In addition, the location of the proposed septic tank, drain field and replacement drain field that shows the dimensions and spacing of the leach lines.

Further, indicate the distance from the septic tank and septic system to the property lines.

- Location, size and intended use of all structures, existing and proposed.
- Location of **driveways or other roads** on the property, existing and proposed.
- Location of all **public utility easements**. In addition, attach copies of the recorded utility easement that indicates easement widths.
- Distance (setbacks) from **all** structures to all property lines.
- Location of all major features (canals, irrigation ditches, rock ledges, etc)
- Location of rimrock, of applicable.
- Location of all drainage, creeks, springs, etc., with distance to the proposed development site.
- Indicate location of all “**EXISTING**” and “**PROPOSED**” structures: Dwellings, Garage, shops, lean-to, barns, etc. Indicate on the plot plan if existing or proposed with dimension size.

The “Site Plan” or “Plot Plan” must be submitted on 8-1/2 x 11 paper.

CHECK LIST of REQUIREMENTS

STEP 15:

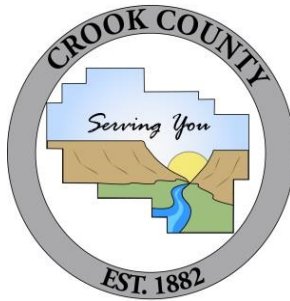
- A completed “**Conditional Use Non-Farm Dwelling**” application form with the appropriate signatures.
- If the property is located within a Flood Plain, a “**Flood Hazard**” application.
- Proof of ownership:
 - a. Copy of current recorded Warranty Deed.
- A copy of the **Tax Lot Card**. (Available from the Crook County Community Development Dept.)
(If the subject Parcel of Lot is located within a legally recorded subdivision, a tax lot card is not required)
- Submit the correct application **fees**
- Proof of Access: State, County, Public or Private Easement documentation.
- A signed copy of a “**Statement of Understanding**”
- A signed copy of the “**Authorization Notice**” if someone else is submitting this application on your behalf.
- A copy of the irrigation map for the area and historical water rights information on the subject property. (Available from the Irrigation District), if applicable. Must have **signature** from applicable irrigation district.

- A detailed “**Plot Plan/Site Plan**” of the subject property. (See attached example)
- A copy of an **approved** “Site Evaluation” for a new residence on-site septic system. (Available from the Crook County Community Development Department – On-Site Division.) Questions, phone contact 541.447.8155
- An **approved** Road Access Permit, if applicable, from the Community Development Department for County Maintained Roads and Public Roads, or the Oregon Department of Transportation for access from State Highways. If a “private” easement, provide recorded documentation of access easement.
- Signatures required:
 - a. O.D.F. & W.
 - b. Crook County Weed Master
 - c. Relevant Irrigation District(s)
 - d. Authorization Notice if allowing someone else submit this application on your behalf.
 - e. Acknowledgement of Tax Consequences
 - f. Statement of Understanding.
- One-Mile Study Analysis:
 - a. A completed report, with map, of a 1-mile study area of the surrounding area that clearly identifies all “FARM” and “NON-FARM” uses within one-mile, including the size of parcels and ownerships (excluding Rural Residential zones).
- A complete “Soil Analysis” report for the subject report: (Soil Survey #1)

(Office Sign-Off)

APPLICATION DEEMED COMPLETED BY STAFF: _____

DATE APPLICATION DEEMED COMPLETE: _____



FORM A

ACKNOWLEDGEMENT OF TAX CONSEQUENCES

Oregon law requires that any property receiving special farm tax assessment be disqualified from such tax status upon receipt of preliminary approval for a non-farm dwelling. In addition, the law requires that certain taxes associated with disqualification be paid before the non-farm dwelling can be built. The statute, as set forth in ORS 215.236, reads as follows:

Loss of Tax Deferral

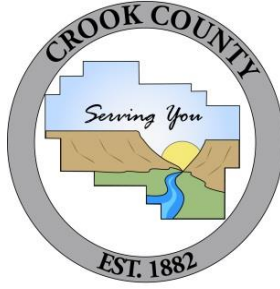
- a. Pursuant to Oregon Revised Statutes 215.236, a non-farm dwelling on a lot or parcel in an Exclusive Farm Use zone that is or has been receiving special assessment may be approved only on the condition that before a building permit is issued the applicant must produce evidence from the County Assessor’s Office that the parcel upon which the dwelling is proposed has been disqualified for special assessment value for farm use under ORS 308.370 or other special assessment under Oregon Revised Statutes 308.765, 321.730, or 321.815 and that any additional tax or penalty imposed by the County Assessor as a result of disqualification has been paid.

- b. A parcel that has been disqualified for special assessment at value for farm use pursuant to Oregon Revised Statutes 215.236(4) shall not re-qualify for special assessment unless, when combined with another contiguous parcel, it constitutes a qualifying parcel.

I/We the undersigned by my/our signature acknowledge having read the above provision and I/we understand that under Oregon Real Property Tax Law, approval of this non-farm dwelling/application may result in significant deferred real property tax liability.

Property Owner Signature _____ Date _____
Print Name Clearly: _____

Property Owner Signature _____ Date _____
Print Name Clearly: _____



FORM B

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.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner Signature: _____ Date: _____

Print Name Clearly: _____



Community Development Department

300 NE 3rd Street, Prineville, OR 97754 ~ Room 12

Phone: 541.447.3211 or 541.447.8156

Fax: 541-416-2139

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: _____

AGENT/REPRESENTATIVE

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ /Cell Phone: (____) _____ - _____

Email: _____