



RECORD No. 217-_____-_____ PLNG
FEE: \$605

Crook County Community Development, Planning Division
300 NE 3rd Street, Room 12, Prineville Oregon 97754
Phone: 541-447-8156 / Fax: 541-416-3905

Boundary Line Adjustment
(Incomplete applications will not be accepted)

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. 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 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 #1

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Day-time phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Email: _____
Township ___ South, Range ___ East WM, Section ____, Tax lot _____
Township ___ South, Range ___ East WM, Section ____, Tax lot _____
Size of property: _____ acres Zoning: _____
Physical address: _____

PROPERTY OWNER #2

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Day-time phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Email: _____
Township ___ South, Range ___ East WM, Section ____, Tax lot _____
Township ___ South, Range ___ East WM, Section ____, Tax lot _____
Size of property: _____ acres Zoning: _____
Physical address: _____

AGENT/REPRESENTATIVE - (Must sign the attached letter of Authorization)

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Day-time phone: (____) _____ - _____ Cell phone: (____) _____ - _____
Email: _____

ENGINEER AND/OR SURVEYOR

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Day-time phone: (____) _____ - _____ Cell phone: (____) _____ - _____
Email: _____

REQUEST: Explanation of your proposal:

IRRIGATION WATER RIGHT

A sign-off from the State Water Master 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** (541-548-6047)
- ___ **Ochoco Irrigation District** (541-447-6449)
- ___ **Water Resources Department** (541-388-6669)
- ___ **People's Irrigation District** (541-447-7797)
- ___ **Other:** _____

1. Does the property have irrigation water right? Yes ___ No ___.
2. If yes, what is the amount of acres of irrigation water right?
_____ acres.
3. Amount of water right acres to be transferred? _____
4. Is there an irrigation ditch and/or an underground pipeline that runs through the property? Yes ___ No ___
5. Is there a distribution point for irrigation located on the property?
Yes ___ No ___

Watermaster Signature: _____ **Date:** _____

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

COMMENTS: _____

WILDLIFE WINTER RANGE

- 1. Is the subject property located within a "Winter Wildlife" overlay zone? Yes ___ No ___

- 2. If yes, please check the appropriate box(s):
 - ___ Critical Deer Winter Range
 - ___ General Deer Winter Range
 - ___ Elk Winter Range
 - ___ Antelope Winter Range

ODF&W Signature: _____ Date: _____

Comments:

DOMESTIC WATER

Water will be supplied by: (Check only one)

- ___ An existing individual well
- ___ A proposed individual well
- ___ 3 or less dwellings on one well un-regulated system (Provide locations of well and drain fields).
- ___ 4 to 14 dwellings on one well – State regulated – Provide State Certification)
- ___ Shared well with: (Number of dwellings ___)
(If shared well, indicate the location of well and other property locations)
- ___ Other: Please explain _____
- ___ Community Water System: (Name: _____)
(PWS# _____)

Authorized Water Community System

Print Name: _____ **Daytime phone:** _____

Authorized Signature: _____ **Date:** _____

SIGNATURES

I agree to meet the standards governing the laws for Land Partitions 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 #1 Signature: _____ Date _____
Print name #1: _____

Property Owner #2 Signature: _____ Date _____
Print name #2: _____

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

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

APPLICATION REQUIREMENTS / CHECK LIST

1. A completed "**Boundary Line Adjustment**" application form with the appropriate signatures and fees.
2. A copy of the **Vicinity Map(s)** and **Tax Lot Card(s)** (available from the Crook County Assessor or Community Development Dept.).
3. Copy of **Warranty Deed** for both properties.
4. Written Explanation: Letter of explanation of intent of the Boundary Adjustment.
5. A **current** "Status of Record Title Report" for documentation of ownership. *(Note: The "Status of Record Title Report" shall be dated within 30-days of the submittal of the application to the planning department - No Exceptions)*
6. **Signature and comments** from ODF&W regarding Wildlife Winter Range.
7. A signed copy of a "**Statement of Understanding**" (Form B).
8. A "**Letter of Authorization**" if using a representative or agent.
9. A survey may need to be prepared per ORS 92.060(7), through the County Surveyor, after approval of the decision.
10. **Signatures of Owners:** Complete names, addresses and contact information of the owners of the parcels or tracts to be adjusted. Both owners must print and sign their name on the application.
11. **Zoning:** Parcel #1 _____ Parcel #2 _____
12. **Dimensions & Size:** (Square feet or acres) of all proposed parcels **PRIOR** to the adjustment: Parcel #1 _____ Parcel #2 _____

13. **Dimensions & Size:** (Square feet or acres) of parcels **AFTER** property line adjustment: Parcel #1 _____ Parcel #2 _____
14. Identification, location, and distance of all improvements from property lines **after** adjustment.
15. **Maps:** showing the entire property BEFORE the boundary adjustment and AFTER the boundary adjustment. Must submit plot plan on 8 ½ x 11 paper.

The detailed "**Plot Plan**" must be drawn on at least 8 ½ x 11 paper, but no larger than 8 ½ x 14.

A parcel that is 2 acres or less in size must be drawn to scale, and all dimensions and boundaries must be shown. A parcel that is more than two acres in size does not have to be drawn to scale, however, all dimensions and boundaries must be shown and all information must be accurate.

The detailed "**Plot Plan**" must include the following:

- Location (setbacks) of all existing structures, including any dwellings and accessory structures from the property boundary.
- Location of all "existing" and/or "proposed" accesses. Also include driveway (existing & proposed), include circulation patterns, parking, loading and unloading areas: if applicable, and any easements to or on the properties.
- Direction of North: North arrow.
- Size and location of ALL **existing and proposed** structures: Dwelling, barns, shops, etc.
- Location of water supply, well or cistern with distance to the septic system and dwelling, or name of water district.
- Location of septic system with drain field and replacement drain field areas. (For assistance with location contact 541.447.8155: Crook County Environmental Health Department.
- 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.
- Location of creeks, streams, ponds, springs, wetlands, or other drainage ways with distance to all structures.
- Distance from all structures to all property lines.
- Location of any rim rock on the property.
- All easements, including widths and types, labeled as existing or proposed, specifically noting the use and for whom they serve. Note: Property line adjustment can not move an existing easement.
- Map scale



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.

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Owner: _____ Date: _____

(Original Signature)

Property Owner: _____ Date: _____

(Original Signature)



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: _____