Crook County Community Development – Planning Department

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

Phone: 541-447-8156 / Fax: 541-416-3905

DESTINATION RESORT – CONDITIONAL USE PERMIT - MODIFICATION APPLICATION

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 INFORMATION

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: _____

Original Conditional Use file number: _____

Tax Map # T___S, R___E, Section _____ Tax Lot # _____
Tax Map # T___S, R___E, Section _____ Tax Lot # _____

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.)

Owner(s) Signature _____ Date:_____

Agent/Representative Signature _____ Date: _____

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(Office Use Only)

Application deemed completed by staff:_____

Application deemed completed (date): _____