

RECORD No. 217 \_\_\_\_\_ - \_\_\_\_\_ PLNG

Administrative: \$825  
Public Hearing: \$1980



### Crook County Community Development Department Planning Division

300 NE 3<sup>rd</sup> Street, Room 12, Prineville Oregon 97754

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

Email: [plan@co.crook.or.us](mailto:plan@co.crook.or.us) / Website: [www.co.crook.or.us](http://www.co.crook.or.us)

### Conditional Use Application (Administrative & Public Hearing)

**IMPORTANT NOTICE:** 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. Within that 30-day period, the Planning Department will request additional information, if necessary. 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.**

**IMPORTANT:** In addition to this form, a detailed explanation of the use and how the applicable standards and criteria are satisfied is required. Please refer to the Crook County Code, Title 18 for the applicable standards and criteria.

#### PROPERTY OWNER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day-time phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

#### AGENT / REPRESENTATIVE (MUST SIGN THE ATTACHED LETTER OF AUTHORIZATION)

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: \_\_\_\_\_

Physical address: \_\_\_\_\_

Subdivision name, if applicable: \_\_\_\_\_

I hereby make application to the Crook County Planning Commission for a Conditional Use Permit to secure authorization for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCESS / ROADS**

Explain how you will access your property for the proposed structure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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!

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

\*\*\* If accessing from a county maintained or public road, a road approach application is required.

**ENVIRONMENTAL HEALTH – SEPTIC DISPOSAL**

\_\_\_\_\_ Copy of Soil/Site Evaluation Report (New residence)

**"OR"**

\_\_\_\_\_ Copy of Authorization Notice (Replacement residence)

**For or a Replacement Residence, Please take note:** In order to get an Authorization Notice, a Land Use Compatibility Statement (LUCS) form is required. The LUCS form is available at the Environmental Health office. The Planning Division needs to sign off on the LUCS and collect a **\$44.00 sign off fee**. If you have questions, please don't hesitate to contact the COMMUNITY DEVELOPMENT DEPARTMENT at 541.447-3211. This process is required prior to submitting a "Site Plan Review" Application.

## FLOOD ZONE

Is the property located within a Flood Zone? Yes \_\_\_ No \_\_\_

If yes, a "Special Flood Hazard Area Development Permit" is required to be submitted at the same time.

## DOMESTIC WATER

**Water** will be supplied by: (check only one)

- \_\_\_\_\_ An existing individual well
- \_\_\_\_\_ A proposed individual well
- \_\_\_\_\_ 4 to 14 dwellings on one well State regulated system.
- \_\_\_\_\_ Shared well (Number of dwellings \_\_\_\_\_)

If shared well, indicate the location of well and other property locations (Tax Map #), as well as a copy of a recorded "**Shared Well Agreement.**" A "Shared Well" is 3 or less dwellings on one well un-regulated system.

- \_\_\_\_\_ Other: Please explain \_\_\_\_\_
- \_\_\_\_\_ Community Water System: Name \_\_\_\_\_
- \_\_\_\_\_ PWS# \_\_\_\_\_

### Community Water System Authorization

Print Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(or) a signed authorized letter must be attached to this application. No exceptions.**

*Before you DIG ~ Call 811 ~ it's the LAW*

Website: [www.digsafelyoregon.com](http://www.digsafelyoregon.com)

Phone: (503) 232-1987

*The applicant and/or agent shall be responsible for contacting 811 to locate underground utilities, as well as Ochoco Irrigation District and/or the Central Oregon Irrigation District for any underground utilities*

## **IRRIGATION WATER RIGHT**

Please indicate the location of all existing water rights, number of acres, and proposed division of water rights. If you don't have irrigation water rights, please answer questions A, D and E.

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 Scalchouse Loop, Bend, OR 97702

\_\_\_\_\_ **People's Irrigation District:** Phone 541-447-7797)

\_\_\_\_\_ **Other:** \_\_\_\_\_

- A. Does the property have irrigation water right? Yes \_\_\_\_ No \_\_\_\_
- B. If yes, what is the amount of acres of irrigation water right? \_\_\_\_\_ acres
- C. Amount of water right acres to be transferred? \_\_\_\_\_ acres
- D. Is there an irrigation ditch and/or an underground pipeline that runs through the property? Yes \_\_\_\_ No \_\_\_\_
- E. Is there a distribution point for irrigation located on the property? Yes \_\_\_\_ No \_\_\_\_

**Watermaster Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name Clearly:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Irrigation District Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name Clearly:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**COMMENTS:**

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**WILDLIFE**

**ODF&W, Prineville Field Office, 2042 SE Paulina Hwy, Prineville, OR 97754**

**Phone: (541) 447-5111 Fax: (541) 447-8065**

1.) Is the subject property located within a "Winter Wildlife" overlay zone? Yes \_\_\_ No \_\_\_

2.) If yes, please check the appropriate box(s):

- a. \_\_\_ Critical Deer Winter Range
- b. \_\_\_ General Deer Winter Range
- c. \_\_\_ Elk Winter Range
- d. \_\_\_ Antelope Winter Range

3.) Is the subject property located within a "Sensitive Bird Habitat" zone? Yes \_\_\_ No \_\_\_

ODF&W COMMENTS:

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ODF&W Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**WEED CONTROL**

**1306 N. Main Street, Prineville, OR 97754**

**Phone: (541) 447-7958**

Email: [kev.alexanian@co.crook.or.us](mailto:kev.alexanian@co.crook.or.us)

This section needs to be **completed and signed** by the **Weed Master**.

Weed Master Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Day-time Phone: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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## SUPPLEMENTAL INFORMATION

The information requested in this application is the minimum information necessary. This application requests information that will assist Crook County planners in evaluating whether your proposal meets these criteria. Failure to complete applicable portions of this application form may result in the County **not** accepting your application or denying your application for failure to demonstrate that the criteria have been met. The County can assist you by providing such information from the Crook County Assessor, Crook County Clerk's, and the Crook County GIS Department. However, the burden of proof lies on you, the applicant, to demonstrate that the criteria have been met. In many cases, you may wish to provide information in addition to that requested to support your application.

## 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)**

## CHECK LIST OF REQUIREMENTS

- A completed application form with the appropriate signatures.
- A copy of the **Tax Lot Card**. *(Available from the Crook County Community Development Department)*
- A copy of the current owners **Warranty Deed**.
- A signed copy of a "**Statement of Understanding**"
- A signed **Authorization Form**; if applicable.
- A detailed "**Plot Plan/Site Plan**" of the subject property. *(See below for detailed information)*
- A copy of an **approved "Site/Soil Evaluation"** for a new residence or an "Authorization Notice" for a replacement residence. *(Available from the Crook County Community Development)*
- 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.

- 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.
- Special Flood Hazard Area Development Permit; if applicable
- Comments & signature from ODF&W
- Supplemental Information
- Submit the correct application fee.

## **DETAILED PLOT PLAN REQUIREMENTS**

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/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 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, if 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.





**FORM B**

**STATEMENT OF UNDERSTANDING**

I wish to develop the property described as Map Tax Lot No. \_\_\_\_\_ 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.

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Community Development Department

300 NE 3<sup>rd</sup> Street, Prineville, OR 97754

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

Email: [plan@co.crook.or.us](mailto:plan@co.crook.or.us) / Website: [www.co.crook.or.us](http://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: \_\_\_\_\_



# SITE PLAN

A large, empty grid of small squares, intended for drawing a site plan. The grid covers most of the page below the title.