

Crook County Community Development – Building Division

300 NE 3rd Street, Room 12
Prineville, OR 97754
Phone: 541.447.3211 or 541.447.8156
Fax: 541.416.2139

DEMO / REMOVAL PERMIT APPLICATION



IMPORTANT: Call 811 before you dig!

Prior to demolition or removal, of any structures, please read the following information:

- 1) Contact the local “LOCATE” service by calling 811 prior to digging or removing any structures
- 2) The “Owners” signature is required on the application or a signed “Authorization Form” that allows your agent to submit this application on your behalf.
- 3) Please make sure you are aware of the location of any well or septic tank, and lines on the property.
- 4) A “Demo” permit does NOT authorize the re-construction of any structure.
- 5) If re-construction is a part of your project, DO NOT begin demolition until you have received approval from the City or County jurisdiction. Once you’ve received your “approval” from the appropriate jurisdiction, you are ready to submit your Demo Permit to the **Crook County Community Development Department**.

- a. If the property is located within the City limits of Prineville, contact:

City of Prineville Planning Department
Address: 387 NE 3rd Street, Prineville, 97754
Phone 541.447.2367

- b. If the property is located outside the city limits of Prineville, contact:

Crook County Community Development Department
300 NE 3rd Street, Room 12, Prineville, OR 97754
Phone: 541.447.4133 or 541.447.8156

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FEE: \$75 Residential
\$100 Commercial

PROPERTY OWNER

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

AGENT / REPRESENTATIVE - (Will need to fill out Authorization Form – See attached form)

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 Zone: _____
Situs / Physical Address: _____

IMPORTANT: Per CCC 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

IMPORTANT: If this Demo / Removal Permit is for a manufactured dwelling, you'll need to contact the Crook County Assessor's Office to obtain the necessary forms and/or trip permits. This assists the Assessor's Office with removing the improvement from your property tax rolls. Phone: 541.447.4133

STRUCTURE TO BE DEMOLISHED / REMOVED

STEP 1

1. Type of Structure to be removed or demolished:
 - a. Site Built Residence _____ Manufactured Dwelling _____ Other _____
 - b. If Manufactured Dwelling, what Year & Model: _____
2. Structure will be:
 - a. Demolished _____ Removed _____
 - b. Will the structure be demolished on site? Yes _____ No _____

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- c. If removing a Manufactured Dwelling, will it be taken to another Lot or Parcel within Crook County? Yes ____ No ____
- i. If Yes, what is the address and Tax Map number of this parcel/lot:

- ii. If No, where is the Manufactured Dwelling being relocated to?

3. Has the Structure already been removed from property? Yes ____ No ____
- a. If yes, when was it removed? Date: _____
- b. Where was it moved to? _____
- c. If No, approximate date that the structure will be demolished or removed? Please explain: (Before an inspection can be completed, the structure must be gone)
- _____

SPECIFIC DETAILS

STEP 2

1. Once removed or demolished, the property must be inspected to verify the removal. Before an inspection can be conducted to verify the removal of said structure, the following must be completed.
- a. **Sewer/Septic:**
- i. If connected to a Sewer System, is the Sewer capped off? (The sewer line MUST be capped off) / Yes ____ No ____
- ii. If connected to a Septic Tank, is the Septic Tank pumped and back-filled or will it be re-connected to a new Residence?
1. Pumped & Back-filled ____ Reconnected ____
- b. **Water Lines Capped Off:** The water must be capped off:
- i. Have the water lines been capped off? Yes ____ No ____
- c. **Electrical Safe:** Once the Structure is removed, the electrical service panel can remain, but no wires can be exposed from the bottom of the service panel.
- i. Have the electrical lines been safed-up?
1. Yes ____ No ____
- d. **Natural Gas, Propane and/or Oil Tank:**
- i. Have the Natural Gas, Propane and/or Oil Tanks been capped off?
1. Yes ____ No ____

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e. Debris at Site:

- i. Has the property been cleaned up after the structure was removed?
 - 1. Yes ____ No ____
- ii. If No, when will the site be cleaned and ready for site inspection:
 - 1. Date _____

EXPIRATION DATE

- 2. Once a “Demo / Removal Permit” is issued, it is valid for ONLY six months from the issuance date.

RE-INSPECTION FEE

IMPORTANT INFORMATION: As a courtesy reminder, there is one inspection allowed to verify that the structure has been removed from the property, as requested, and that all specific details have been completed for safety. If your inspection is denied, and another inspection is required, you will be charged another **\$75 fee.** No Exceptions.

SIGNATURE

The purpose of this form is to require formal acknowledgement of the Owner's of the property described above. It acknowledges that you, as the owner, are aware of the primary uses permitted under the correct zoning on this property without a conditional use, zone change, or any other land use approval, and that such an approval will be required before other uses will be permitted on this site.

By signing below, I/We understand the above statement. As owner(s) of the subject property, I understand I can authorize my Agent to act on my behalf. If my Agent acts on my behalf, I understand that an “Authorization” form must be submitted with this application. No Exceptions.

Owner's Signature: _____ **Date:** _____
Print Name Clearly: _____

Owner's Signature: _____ **Date:** _____
Print Name Clearly: _____

Agent's Signature: _____ **Date:** _____
Print Agent's Name Clearly: _____

NOTICE OF DECOMMISSIONING OF ON-SITE SEPTIC SYSTEM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LEGAL DESCRIPTION: _____

Procedures for Decommissioning:

The tank will be pumped by a licensed sewage disposal service to remove all septage; and the tank () will be filled with reject sand, bar run gravel, or other material, or the container () will be removed and properly disposed.

Signature: _____