



Record No. 217- _____ - _____ **PLNG**

Fees:
2 lots/parcels - \$1430.00
3 lots/parcels - \$1650.00

Crook County Community Development
300 NE 3rd Street, Room 12, Prineville Oregon 97754
Phone: 541-447-3211

LAND PARTITION – RESIDENTIAL / COMMERCIAL
(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

LAST NAME: _____ FIRST NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____ - _____ ALTERNATE PHONE: (_____) _____ - _____
EMAIL: _____

AGENT / REPRESENTATIVE Authorization Form Required

LAST NAME: _____ FIRST NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____ - _____ ALTERNATE PHONE: (_____) _____ - _____
EMAIL: _____

ENGINEER / SURVEYOR

LAST NAME: _____ FIRST NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (_____) _____ - _____ ALTERNATE PHONE: (_____) _____ - _____
EMAIL: _____

PROPERTY LOCATION

TOWNSHIP _____ SOUTH, RANGE _____ EAST WM, SECTION _____, TAX LOT _____
SIZE OF PROPERTY: _____ ACRES ZONING: _____
PHYSICAL ADDRESS: _____
SUBDIVISION, IF APPLICABLE: _____
FLOOD ZONE: IS THE PROPERTY LOCATED WITHIN A FLOOD ZONE? YES _____ NO _____

DETAILED EXPLANATION:

PLEASE EXPLAIN WHAT STRUCTURES ARE EXISTING ON THE SUBJECT PROPERTY AND WHAT YOU'RE REQUESTING.

Lined area for detailed explanation.

PROPOSED LAND PARTITION

TOTAL ACREAGE SIZE OF EXISTING PARCEL: _____

PROPOSED NUMBER OF LOTS/PARCELS: _____

ACCESS / ROADS

INDICATE THE TYPE OF ACCESS USED TO THE PROPERTY: (CHECK ONE)

COUNTY _____ PUBLIC _____ PRIVATE _____ STATE _____

- IF PRIVATE EASEMENT, PROVIDE LEGAL RECORDED DOCUMENTATION.
➤ IF ACCESSING FROM THE OREGON STATE HIGHWAY, AN "APPROVED" ODOT PERMIT MUST BE ATTACHED:
➤ IF ACCESSING FROM A "COUNTY MAINTAINED" OR "PUBLIC" ROAD, AN APPROVED ROAD APPROACH PERMIT MUST BE ATTACHED, OR YOU WILL BE REQUIRED TO APPLY WITH THIS PERMIT.

DOMESTIC WATER

WATER WILL BE SUPPLIED BY: (CHECK ONLY ONE)

- _____ AN EXISTING INDIVIDUAL WELL
_____ A PROPOSED INDIVIDUAL WELL
_____ SHARED WELL (NUMBER OF DWELLINGS _____)

ON-SITE SEPTIC - WASTEWATER

- _____ COPY of SOIL SITE EVALUATION
_____ COPY of APPROVED AUTHORIZATION

IF SHARED WELL, INDICATE THE LOCATION OF WELL AND OTHER PROPERTY LOCATIONS ON THE PLOT PLAN/SITE PLAN (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: _____ PHONE: _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

FIRE PROTECTION

DESCRIBE HOW **FIRE PROTECTION** WILL BE PROVIDED TO THE PROPERTY. IF THE SUBJECT PROPERTY IS LOCATED OUTSIDE OF THE CROOK COUNTY FIRE PROTECTION DISTRICT INDICATE HOW YOU WOULD PROVIDE PROTECTION, INCLUDING WATER SOURCE AND FIRE PREVENTION. (Use Separate paper if necessary)

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
- _____ **OCHOCO IRRIGATION DISTRICT:** PHONE 541-447-6449 / FAX 541.447.3978
- _____ **WATER RESOURCES DEPARTMENT:** PHONE 541-306-6885 / FAX 541.388.5101
- _____ **PEOPLE'S IRRIGATION DISTRICT:** PHONE 541-447-7797
- _____ **OTHER:** _____

- A. DOES THE PROPERTY HAVE IRRIGATION WATER RIGHT? YES _____ NO _____
- B. 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. A DISTRIBUTION POINT FOR IRRIGATION LOCATED ON PROPERTY? YES _____ NO _____

WATERMASTER SIGNATURE: _____ **DATE:** _____
PRINT NAME CLEARLY: _____ **PHONE:** _____

IRRIGATION DISTRICT SIGNATURE: _____ **DATE:** _____
PRINT NAME CLEARLY: _____ **PHONE:** _____

COMMENTS:

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 SIGNATURE: _____ **DATE** _____
PRINT OWNER NAME CLEARLY: _____

PROPERTY OWNER SIGNATURE: _____ **DATE** _____
PRINT OWNER NAME CLEARLY: _____

AGENT/REPRESENTATIVE SIGNATURE: _____ **DATE** _____
PRINT AGENT/REP NAME CLEARLY: _____

APPLICATION REQUIREMENTS / CHECK LIST

1. A COMPLETED "LAND PARTITION / RESIDENTIAL-COMMERCIAL" 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).
 3. A COPY OF THE EARLIEST DEED OR CONTRACT THAT DESCRIBES THE PROPERTY IN ITS CURRENT CONFIGURATION (AVAILABLE FROM THE CROOK COUNTY CLERK'S OFFICE).
 4. A **CURRENT** "STATUS OF RECORD TITLE REPORT" FOR DOCUMENTATION OF OWNERSHIP. **THE "STATUS OF RECORD TITLE REPORT" SHALL BE DATED WITHIN 30-DAYS OF THE SUBMITTAL OF THE APPLICATION.**
 5. A "LETTER OF AUTHORIZATION" IF USING A REPRESENTATIVE OR AGENT.
 6. **ONE COPY OF THE TENTATIVE PLAN.**
 7. NAMES AND ADDRESSES OF THE LAND OWNER, THE PARTITIONER, A MORTGAGEE, IF APPLICABLE, AND THE ENGINEER OR SURVEYOR EMPLOYED OR TO BE EMPLOYED TO MAKE NECESSARY SURVEYS AND PREPARE THE LEGAL DESCRIPTIONS OF EACH PARCEL TO BE CREATED.
 8. PLOT PLAN THAT INCLUDES NORTH POINT, SCALE AND DATE OR MAP, AND PROPERTY IDENTIFICATION BY TAX LOT, SECTION, TOWNSHIP AND RANGE.
 9. WHERE A TRACT OF LAND IS WITHIN THE BOUNDARIES OF AN IRRIGATION DISTRICT, SHALL BE ACCOMPANIED BY A WATER RIGHTS DIVISION PLAN APPROVED BY THE IRRIGATION DISTRICT OR OTHER WATER DISTRICT HOLDING THE WATER RIGHTS, OR WHEN THERE IS NO SUCH DISTRICT, BY THE DISTRICT WATERMASTER OR HIS REPRESENTATIVE SERVING THE CROOK COUNTY AREA.
 10. A COPY OF THE IRRIGATION MAP FOR THE AREA AND HISTORICAL WATER RIGHTS INFORMATION ON THE SUBJECT PROPERTY (AVAILABLE FROM THE IRRIGATION DISTRICT).
 11. IF THE SUBJECT PROPERTY IS LOCATED WITHIN A "FLOOD PLAIN AND/OR FLOOD WAY" THE APPROPRIATE "FLOOD HAZARD" APPLICATION IS REQUIRED.
- **IF APPLICABLE, NO ROAD CONSTRUCTION MAY BEGIN UNTIL THE ROAD PLANS AND DRAINAGE PLANS HAVE BEEN APPROVED BY THE ROAD DEPARTMENT AND/OR AFFILIATE.**
 - **IF A ROAD SIGN IS REQUIRED AS PART OF THIS APPLICATION, THE PROPERTY OWNER IS REQUIRED TO RECEIVE "TENTATIVE" APPROVAL FOR THE "ROAD NAME" BY THE CROOK COUNTY ADDRESSING MANAGER.**
 - **ALL SIGNS ARE ORDERED THROUGH THE ADDRESSING MANAGER.**

SUPPLEMENTAL INFORMATION

PARTITIONS INVOLVE THE CREATION OF THREE (3) OR FEWER PARCELS IN A CALENDAR YEAR. LAND PARTITIONS ARE REGULATED BY TITLE 17 OF THE CROOK COUNTY CODE. APPROVAL OF A TENTATIVE PLAN SHOWING STREETS, LOTS, EXISTING STRUCTURES AND AVAILABLE UTILITIES ARE REQUIRED. IMPROVEMENTS TO ADJACENT EXISTING ROADS MAY BE REQUIRED; IMPROVEMENTS TO ANY PROPOSED ROADS ARE REQUIRED.

- All Proposed Lots Or Parcels Must Have A Direct Frontage (A Minimum Of 50 Feet) On A Street, Other Than An Alley, As Required By Title 18, Chapter 18.124, Section 18.124.010.
- Attach Additional Information/Analysis That Demonstrates Compliance With The Requirements Of Crook County Code Requirements.
Crook County Code: TITLE 17 – SUBDIVISIONS, CHAPTER 17.24 – LAND PARTITIONING
TITLE 17 – SUBDIVISIONS, CHAPTER 17.20 – FINAL PLAT
TITLE 18 – ZONING, SPECIFIC ZONES
TITLE 18 – ZONING, CHAPTER 18.124 – SUPPLEMENTARY PROVISIONS

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.

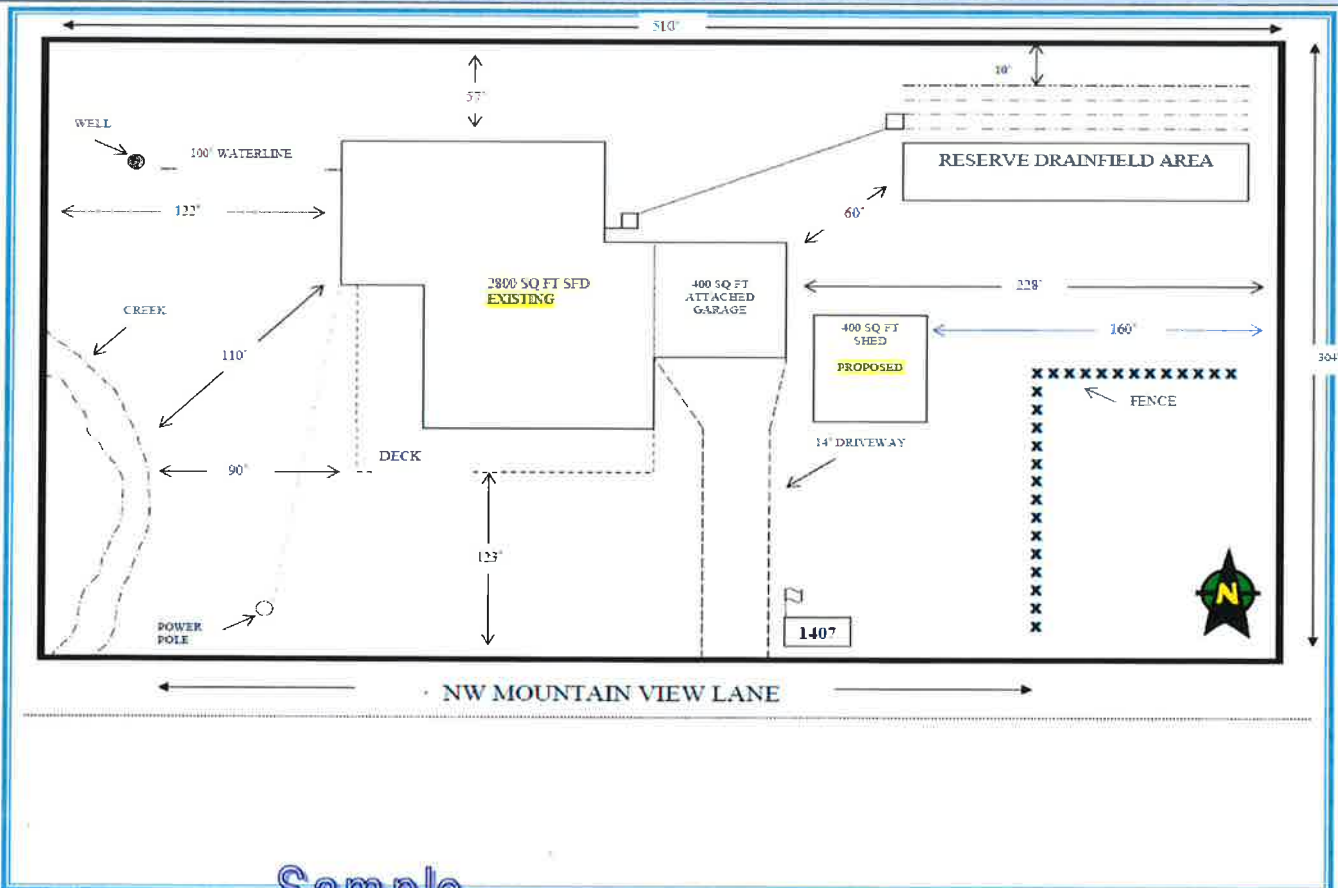
A PARCEL THAT IS 2 ACRES OR LESS IN SIZE MUST BE DRAWN TO SCALE, AND ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN. A PARCEL THAT IS MORE THAN TWO ACRES IN SIZE DOES NOT HAVE TO BE DRAWN TO SCALE, HOWEVER, ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN AND ALL INFORMATION MUST BE ACCURATE.

THE DETAILED "PLOT PLAN" MUST INCLUDE THE FOLLOWING:

Detailed Plot Plan Requirements

The detailed "Plot Plan" must include the following:

1. Scale of map – not greater than one inch per 400 feet.
2. North arrow.
3. Dimensions and boundaries of the property.
4. 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.
5. 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.
6. Names and locations of all roads adjacent to the property.
7. Direction and percent of slope.
8. 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.
9. 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.
10. Location, size and intended use of all structures, existing and proposed.
11. Location of driveways or other roads on the property, existing and proposed.
12. Location of all public utility easements. In addition, attached copies of the recorded utility easement that indicates easement width.
13. Distance (setbacks) from all structures to all property lines.
14. Location of all major features (canals, irrigation ditches, rock ledges, etc)
15. Location of rim-rock, if applicable.
16. Location of all drainage, creeks, springs, etc., with distance to the proposed development.



Sample

- NOT TO SCALE -



SITE PLAN



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: _____