

**PROPERTY OWNER** 

Permit No. 217-\_\_\_\_\_

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

#### **Crook County Community Development**

300 NE 3<sup>rd</sup> 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 fles with the applicant.** 

## LAST NAME: \_\_\_\_\_\_FIRST NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_\_STATE: \_\_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_ ALTERNATE PHONE: (\_\_\_\_\_) \_\_\_ -\_\_\_\_ **EMAIL:** AGENT / REPRESENTATIVE Authorization Form Required LAST NAME: \_\_\_\_\_\_FIRST NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_\_ STATE: \_\_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: **ENGINEER / SURVEYOR** LAST NAME: \_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MAILING ADDRESS: CITY: \_\_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ 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. 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, <u>PROVIDE</u> 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 \_\_\_\_\_\_) 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 \_\_\_\_\_ OTHER: PLEASE EXPLAIN \_\_\_ COMMUNITY WATER SYSTEM: NAME \_\_\_\_\_\_ PWS#\_\_\_ COMMUNITY WATER SYSTEM AUTHORIZATION PHONE: PRINT NAME: AUTHORIZATION SIGNATURE:\_\_\_\_\_\_ DATE: \_\_\_\_\_\_

OF THE CROO	W FIRE PROTECTION WILL BE PROVIDED TO THE PROF K COUNTY FIRE PROTECTION DISTRICT INDICATE HOW	V YOU WOULD PRO				
	CE AND FIRE PREVENTION. (Use Separate paper if nec	essary)				
	<u>NATER RIGHT</u> TATE THE LOCATION OF ALL EXISTING WATER RIGH TS. IF YOU <u>DON'T</u> HAVE IRRIGATION WATER RIGHTS, F				DIVISION O	
IF TH	E PROPERTY HAS IRRIGATION WATER RIGHTS, WHO IS	S THE SUPPLIER:				
	CENTRAL OREGON IRRIGATION DISTRICT:	PHONE 541-548	41-548-6047 / FAX 541.548.0243			
	OCHOCO IRRIGATION DISTRICT:	PHONE 541-447	7-6449 / FAX	(541.447.397	8	
	WATER RESOURCES DEPARTMENT:	•				
	PEOPLE'S IRRIGATION DISTRICT:	PHONE 541-447	·			
-	OTHER:					
Α.	DOES THE PROPERTY HAVE IRRIGATION WATER RI	GHT?	YES	NO		
В.	AMOUNT OF ACRES OF IRRIGATION WATER RIGHT					
C.	AMOUNT OF WATER RIGHT ACRES TO BE TRANSFI				ACRES	
D.	IS THERE AN IRRIGATION DITCH AND/OR AN UNDI	ERGROUND PIPELIN		NO		
_	THAT RUNS THROUGH THE PROPERTY?  A DISTRIBUTION POINT FOR IRRIGATION LOCATED	ON DRODERTY?	AF2	NO NO		
Ε,	A DISTRIBUTION POINT FOR IRRIGATION LOCATED	ON PROPERTY	169	NO		
	WATERMASTER SIGNATURE:		UONE:	DATE:		
PRINT NAME C						
IRRIGATION D	CLEARLY:		[	DATE:		
PRINT NAME C	CLEARLY:	P	HONE:		-	
COMMENTS:						
<u>SIGNATURES</u>						
	EET THE STANDARDS GOVERNING THE LAWS FOR LAN					
	R, ORS, CROOK COUNTY CODE, AND CROOK COUNTY RMATION CONTAINED IN THIS APPLICATION IS TRUE T				EE THAT	
PROPERTY OW	NER SIGNATURE:		DATE			
	NAME CLEARLY:					
DRUDEBTA U/V	NER SIGNATURE:		DATE			
PRINT OWNER	NAME CLEARLY:					
AGENT/REPRES	SENTATIVE 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.
- 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 <u>CURRENT</u> "STATUS OF RECORD TITLE REPORT" FOR DOCUMENTATION OF OWNERSHIP. THE "STATUS OF RECORD TITLE REPORT" SHALL BE DATED WITHIN <u>30-DAYS</u> OF THE SUBMITTAL OF THE APPLICATION.
- 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

<u>PARTITIONS</u> 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 <u>MAY</u> 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.

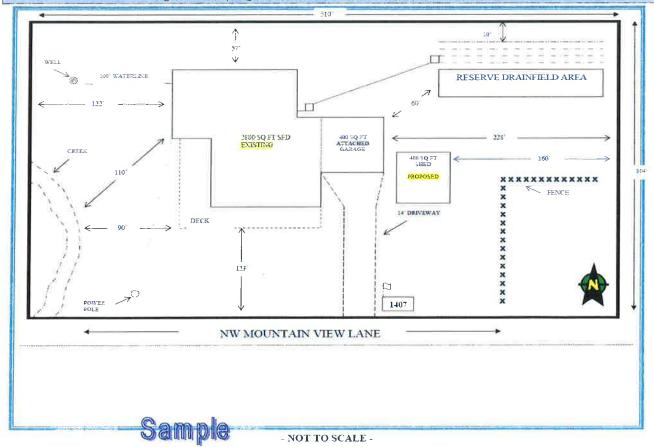
A PARCEL THAT IS 2 ACRES OR LESS IN SIZE MUST BE DRAWN TO SCALE, AND ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN. A PARCEL THAT IS MORE THAN TWO ACRES IN SIZE DOES NOT HAVE TO BE DRAWN TO SCALE, HOWEVER, ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN AND ALL INFORMATION MUST BE ACCURATE.

#### THE DETAILED "PLOT PLAN" MUST INCLUDE THE FOLLOWING:

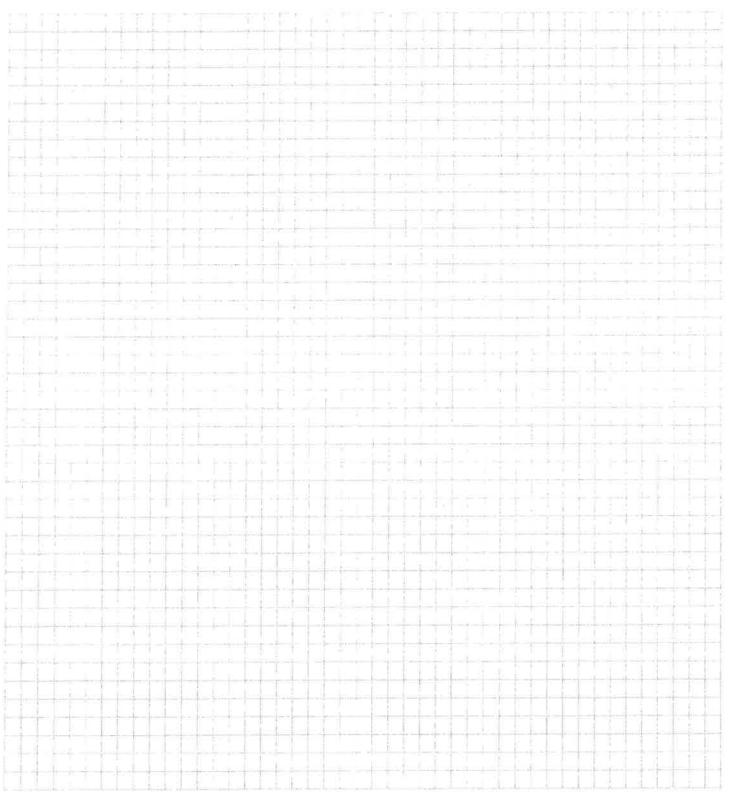
#### **Detailed Plot Plan Requirements**

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 <u>all</u> 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 <u>all</u> structures to all property lines.
- 14. Location of all major features (canals, irrigation ditches, rock ledges, etc)
- 15. Location of rim-rock, if applicable.
- Location of all drainage, creeks, springs, etc., with distance to the proposed development







# Crook County 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 / Website: www.co.crook.or.us

### **AUTHORIZATION FORM**

Let it be known that		
	(Print name clearly)	
has been retained to act as my authoracts include: Pre- application confere applications.	rized agent to perform all acts for developmence, filing applications and/or other requi	ment on my property noted below: These red documents relative to all Permit
Physical address of property:CROOK COUNTY as:		, and described in the records of
Township South, Range Township South, Range	East, Section, Tax lot East, Section, Tax lot	
The costs of the above actions, which owner.	are not satisfied by the agent, are the resp	oonsibility of the undersigned property
PROPERTY OWNER	(Please Print Clearly)	
Signature:		Date:
	State:	
Home Phone: ()		
Bmail:		
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 <u>Corporation</u> ~ please provide the name of President or other authorized signor(s).

If a Limited Liability Corporation ~ provide names of ALL members & managers.

If a <u>Trust</u> ~ provide the name of current Trustee(s)

<u>In addition</u>, you will need to <u>include</u> 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.

A	GEN	Γ

Signature:	Date:	
Print Name:		
Mailing address:		
City:	State: Zip:	
Home Phone: ()	Cell Phone: (	
Email:		