



Crook County Community Development

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

Phone: 541-447-3211 / Fax: 541-416-2139

Email: plan@co.crook.or.us / Website: www.co.crook.or.us

SITE PLAN REVIEW – ACCESSORY FARM DWELLING

(EFU1, EFU2, EFU3)

NOTICE TO ALL APPLICANTS: The Crook County Community Development, Planning Division is required to review all applications for accuracy and determine the adequacy of information needed to make a decision. Crook County Code (C.C.C.) allows 30 days to determine whether the application is complete. If the Planning Division 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. ***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: _____

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 _____

REQUEST :

WILL THE PROPOSED "ACCESSORY FARM DWELLING" BE SITED ON THE ABOVE TAX LOT? YES _____ NO _____

IF NOT, WHAT MAP TAX LOT WILL IT BE LOCATED ON? _____

WHO WILL OCCUPY THE PROPOSED DWELLING?

OWNER _____ FARM/RANCH HAND _____ RELATIVE _____ OTHER _____

RELATIONSHIP TO THE PROPERTY OWNER: _____

WHAT MAP TAX LOT IS THE EXISTING PRIMARY FARM DWELLING LOCATED ON? _____

WHO OCCUPIES THE PRIMARY FARM DWELLING? _____

ARE THERE OTHER ACCESSORY FARM DWELLINGS LOCATED ON THIS PROPERTY OR TRACT OF LAND? YES _____ NO _____

IF YES, WHERE ARE THEY LOCATED? MAP TAX LOT # _____

WHO OCCUPIES THE DWELLINGS? _____

THE PROPOSED DWELLING WILL BE: _____ SITE BUILT _____ MANUFACTURED DWELLING

HEIGHT OF STRUCTURE: _____ FEET STORIES: _____ [/] OF THE PROPOSED STRUCTURE: _____

IF A MANUFACTURED DWELLING: YEAR _____ DOUBLE-WIDE _____ TRIPLE-WIDE _____

WILL AN "RV" BE USED AS A "TEMPORARY" DWELLING DURING THE CONSTRUCTION OF SAID DWELLING? YES _____ NO _____

PURSUANT TO CHAPTER 18.132.010(2)(H) – MANUFACTURED AND 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. OWNER'S INITIALS _____ DATE: _____

ACCESSORY BUILDINGS: LIST ALL "PROPOSED" ACCESSORY STRUCTURES

PROPOSED ACCESSORY #1

SIZE _____ USE _____

IS THIS AN ADDITION TO AN EXISTING ACCESSORY STRUCTURE: YES _____ NO _____

EXISTING STRUCTURE SIZE: _____ [/] NO. OF STORIES _____

PERSONAL USE: YES _____ NO _____ COMMERCIAL USE: YES _____ NO _____

COMMENTS _____

PROPOSED ACCESSORY #2

SIZE _____ USE _____

IS THIS AN ADDITION TO AN EXISTING ACCESSORY STRUCTURE: YES _____ NO _____

EXISTING STRUCTURE SIZE: _____ [/] NO. OF STORIES _____

PERSONAL USE: YES _____ NO _____ COMMERCIAL USE: YES _____ NO _____

COMMENTS _____

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 SYSTEM.

OTHER: PLEASE EXPLAIN _____

COMMUNITY WATER SYSTEM: NAME _____ PWS# _____

COMMUNITY WATER SYSTEM AUTHORIZATION

PRINT NAME: _____ PHONE: _____

AUTHORIZATION SIGNATURE: _____ DATE: _____

WASTE WATER

SEPTIC WILL BE DISPOSED BY: _____

COPY OF AUTHORIZATION OR EVALUATION MUST BE ATTACHED.

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: _____

DESCRIBE THE TYPES OF FARM CROPS AND ACREAGE FOR TYPE(S): _____

DESCRIBE THE OPERATIONAL REQUIREMENTS FOR THE PARTICULAR FARM ACTIVITY:

DESCRIBE THE EXTENT AND NATURE OF WORK TO BE PERFORMED BY OCCUPANTS OF PROPOSED DWELLING:

DESCRIBE THE WORK THE PERSON (S) TO OCCUPY THE ACCESSORY FARM DWELLING WILL DO ON THE FARM/RANCH OPERATION: _____

DESCRIBE HOW THE PROPOSED FARM DWELLING IS NEEDED TO ASSIST IN THE COMMERCIAL FARM OR RANCH OPERATION. PLEASE EXPLAIN IN DETAIL. _____

WILDLIFE WINTER RANGE

WHEN THE LOT OR PARCEL ON WHICH THE FARM DWELLING WILL BE SITED LIES WITHIN AN AREA DESIGNATED IN AN ACKNOWLEDGED COMPREHENSIVE PLAN AS HABITAT FOR BIG GAME, THE SITE OF THE DWELLING MUST BE CONSISTENT WITH THE LIMITATIONS ON DENSITY UPON WHICH THE ACKNOWLEDGED COMPREHENSIVE PLAN AND LAND USE REGULATIONS INTENDED TO PROTECT THE HABITAT ARE BASED.

THE "WILDLIFE WINTER RANGE" SECTION NEEDS TO BE COMPLETED BY ODF&W. A SIGNATURE AND COMMENTS ARE REQUIRED.

IS THE SUBJECT PROPERTY LOCATED WITHIN A "WINTER WILDLIFE" OVERLAY ZONE? YES _____ NO _____

IF YES, PLEASE CHECK THE APPROPRIATE BOX(S):

_____ CRITICAL DEER WINTER RANGE
_____ ELK WINTER RANGE

_____ GENERAL DEER WINTER RANGE
_____ ANTELOPE WINTER RANGE

ODF&W SIGNATURE: _____ DATE: _____

PRINT NAME: _____

COMMENTS: _____

SIGNATURES

I AGREE TO MEET THE STANDARDS GOVERNING THE LAWS FOR "DWELLING IN CONJUNCTION WITH A FARM USE" 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: _____

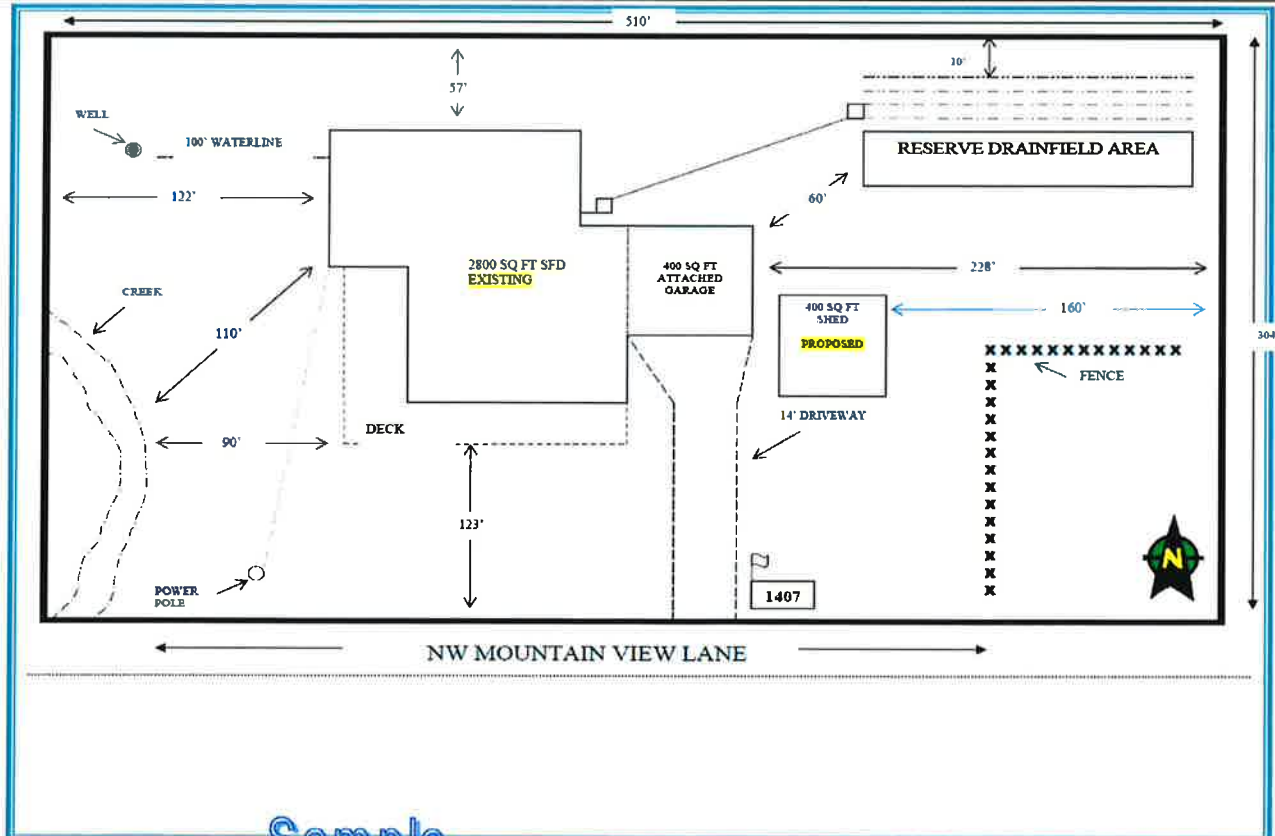
DON'T FORGET...

- SUPPORTING DOCUMENTS TO PROVE THE REQUIRED **INCOME TEST**.
- A COPY OF THE CURRENT OWNERS **WARRANTY DEED**.
- 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. MUST HAVE **SIGNATURE** FROM APPLICABLE IRRIGATION DISTRICT.

Detailed Plot Plan Requirements

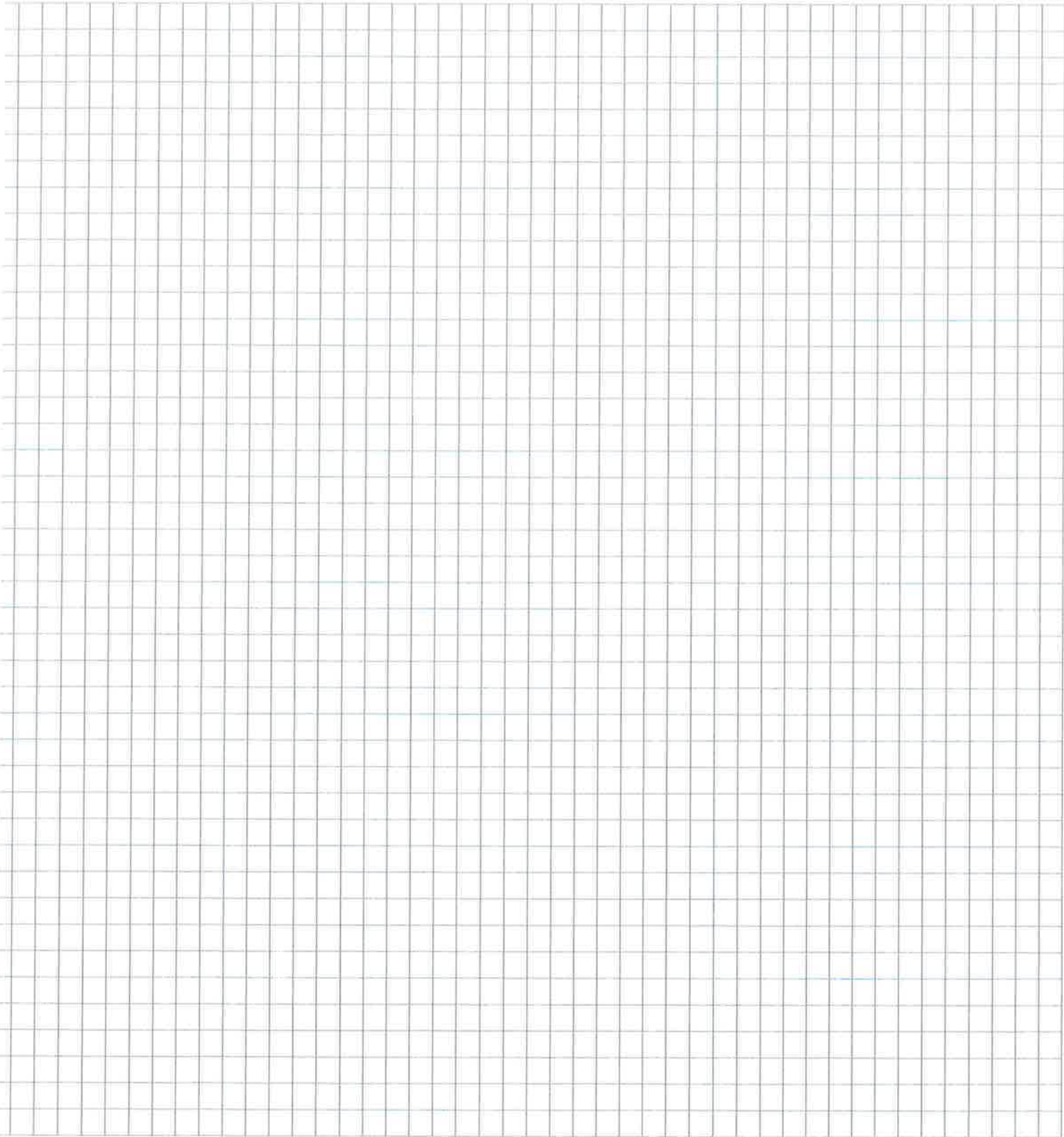
The detailed "**Plot Plan**" must include the following:

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.





SITE PLAN





City / County ADDRESS APPLICATION

CROOK COUNTY COMMUNITY DEVELOPMENT
300 NE 3RD ST. RM 12 PRINEVILLE, OR 97754
PH: (541) 447-3211 FAX: (541) 416-2139
bld@co.crook.or.us

Application Submittal Date Stamp
FOR OFFICE USE ONLY

CITY AND/OR COUNTY PLANNING APPROVAL IS REQUIRED PRIOR TO ISSUANCE. APPROVAL OF THIS APPLICATION AND ISSUANCE OF AN ADDRESS IN NO WAY REPRESENTS CROOK COUNTY'S OPINION ABOUT THE STATUS OF LEGAL ACCESS TO THE SUBJECT PROPERTY. APPLICANTS ARE ENCOURAGED TO INVESTIGATE THE TITLE AND LEGAL ACCESS RIGHTS TO THE PROPERTY AT THEIR EXPENSE.

Site Information

Tax Map #: _____ () CITY () COUNTY

Subdivision Name: _____ Phase: _____ Block: _____ Lot: _____

This request is for: () NEW ADDRESS () ADDRESS CHANGE () OTHER

If request is for an address change, please explain why: _____

Is there currently a dwelling on this property? Yes () No () If yes, how many? _____

If yes, what is the address of the existing dwelling(s)? _____

Is this for a Medical Hardship? Yes () No () Is this for an accessory farm dwelling? Yes () No ()

What is the use of the structure for this address? (home, barn, shop commercial etc.) _____

Is this a corner lot? Yes () No () Is the access to your property directly off of a named road? Yes () No ()

Is the access to your property through an easement? Yes () No () Name of easement? _____

Additional Property Information

Owner / Applicant Information

Property Owner Name: _____

Mailing Address: _____ email: _____

City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____

Applicant's Name (Please print): _____ Title: _____

Signature of Applicant: _____ Date: _____ Daytime Phone: _____

For Office Use Only

Fees		Office Use	Initial	Date
No. of Addresses Issued	X \$110.00 =	Agencies Notified:		
No. of Fire Markers Issued	X \$25.00 =	Road Modification:		
Date Paid:	Total Amount Due:	GIS Changes:		
() Check () Cash () CC		E911 (new range):		
Office Use	Assigned by:	Date:	Planning Approval #:	
New Address			Comments:	
Postal District:				

SITE PLAN PAGE MUST BE COMPLETED FOR THIS APPLICATION TO BE ACCEPTED