



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 – PRIMARY 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

THE PROPOSED DWELLING IS: _____ 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 REPLACEMENT DWELLING/STRUCTURE: YES _____ NO _____
PURSUANT TO CHAPTER 18.132 – 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.

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 _____

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 _____)

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:** _____

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: _____

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	_____	GENERAL DEER WINTER RANGE
_____	ELK WINTER RANGE	_____	ANTELOPE WINTER RANGE

ODF&W SIGNATURE: _____ **DATE:** _____
PRINT NAME: _____

COMMENTS: _____

5. INDICATE IF ANY LIVESTOCK WAS SOLD TO GROSS THE INCOME IN #A ABOVE, AND IF SO PROVIDE DOCUMENTATION OF THE PURCHASE PRICE OF THE LIVESTOCK. IN DETERMINING THE GROSS INCOME REQUIREMENTS THE COST OF PURCHASING LIVESTOCK SHALL BE DEDUCTED FROM THE TOTAL GROSS INCOME ATTRIBUTED TO THE PARCEL.

OR



DWELLING ON LOW VALUE FARMLAND: 160/320 ACRE TEST

1. PROOF THAT THE PARCEL ON WHICH THE DWELLING WILL BE LOCATED IS AT LEAST 160 ACRES IN THE EFU2 AND EFU3 ZONES, OR 320 ACRES IN THE EFU1 ZONE.
2. EVIDENCE FROM THE ASSESSOR'S OFFICE SHOWING THE HISTORY OF OWNERSHIP OF THE SUBJECT PROPERTY. (COPY OF A TAX LOT CARD)
3. PROVIDE INFORMATION DEMONSTRATING THAT THE PARCEL IS CURRENTLY EMPLOYED FOR FARM USE.
4. INDICATE WHO WILL OCCUPY THE DWELLING, AND DEMONSTRATE THE DWELLING WILL BE OCCUPIED BY A PERSON OR PERSONS WHO WILL BE PRINCIPALLY ENGAGED IN THE FARM USE OF THE LAND, SUCH AS PLANTING, HARVESTING, MARKETING OR CARING FOR LIVESTOCK AT A COMMERCIAL SCALE.
5. STATEMENT THAT THE PARCEL DOES NOT CURRENTLY CONTAIN A DWELLING, EXCEPT FOR SEASONAL FARM WORKER HOUSING.

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: _____

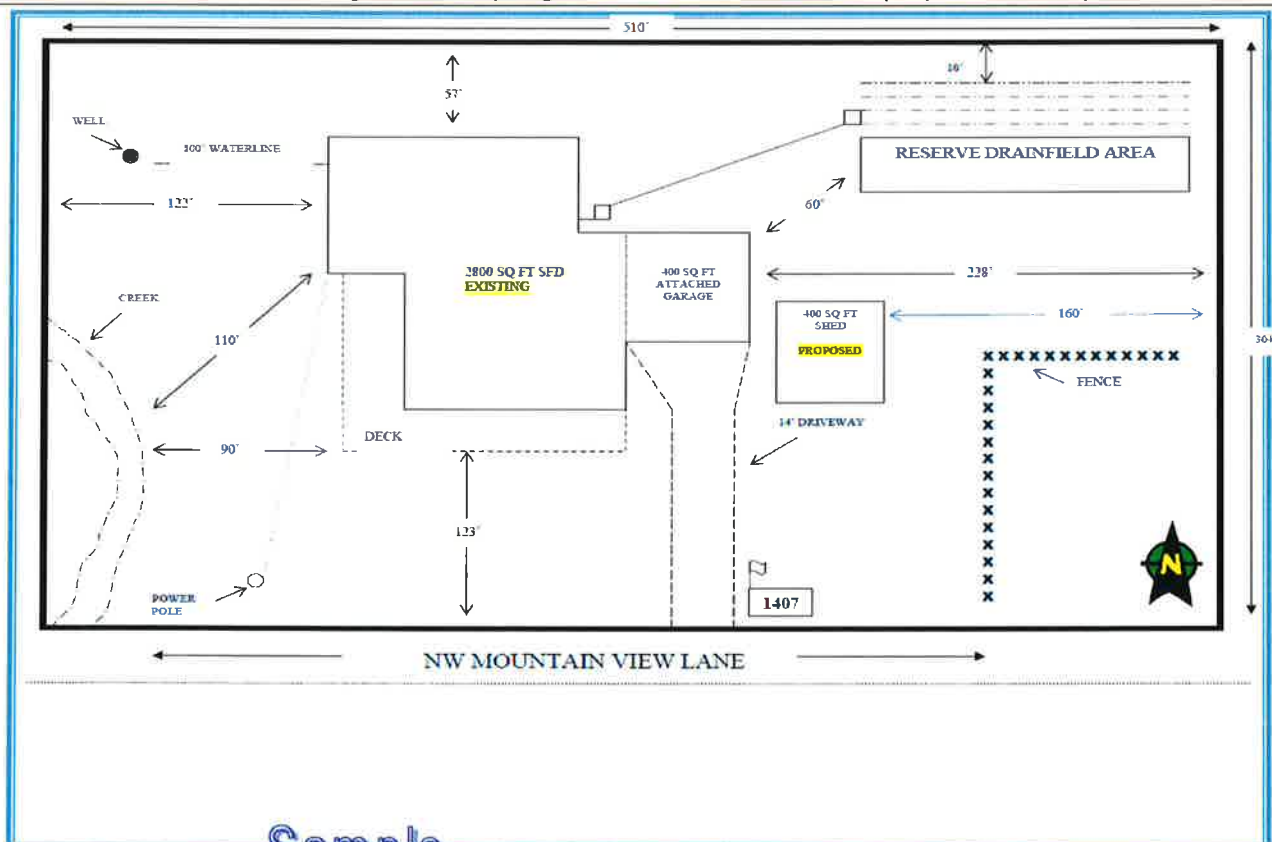
AGENT/REPRESENTATIVE SIGNATURE: _____ DATE _____

PRINT AGENT/REP NAME CLEARLY: _____

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.

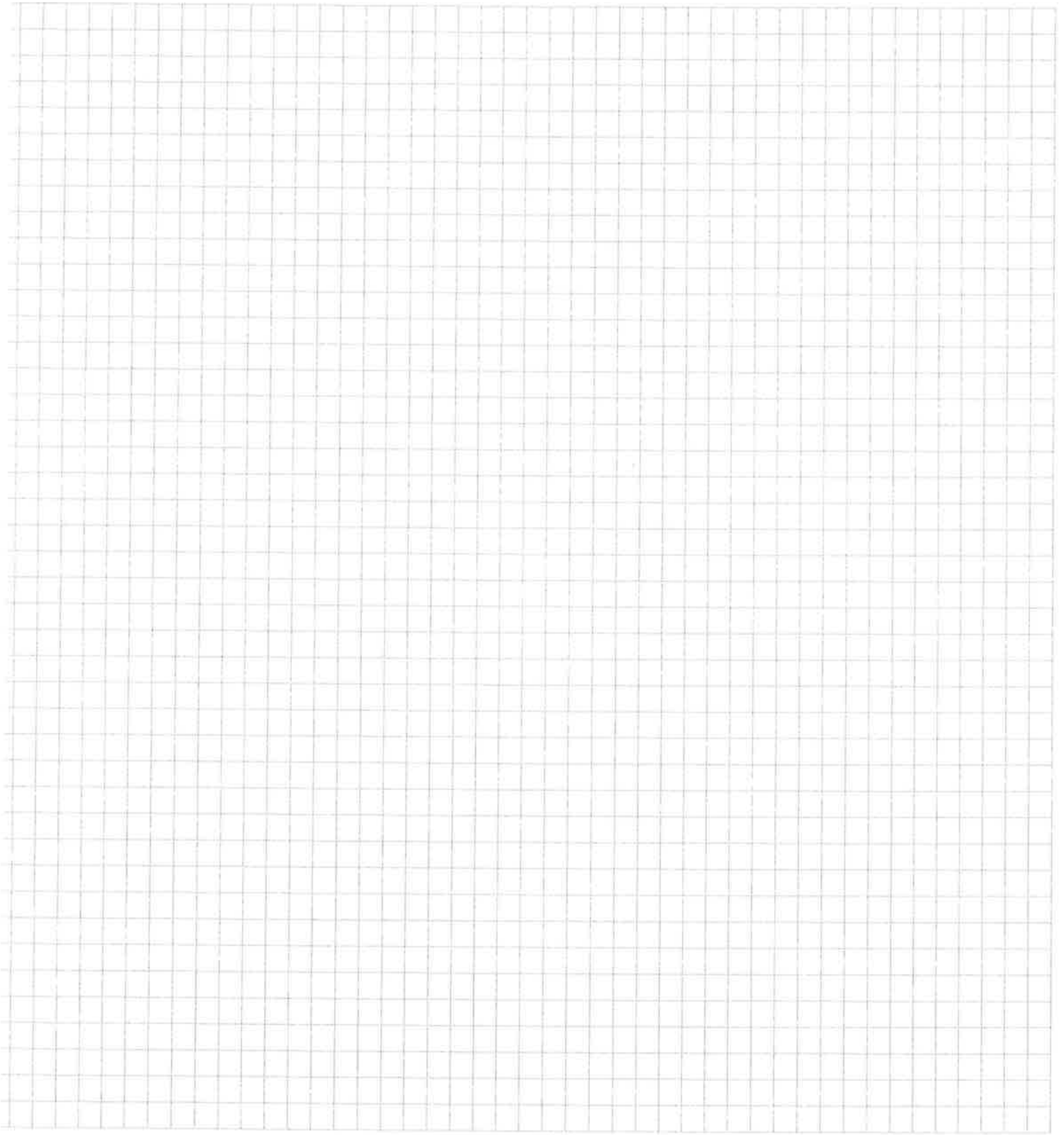


Sample

- NOT TO SCALE -



SITE PLAN





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: _____ () Check () Cash () CC	GIS Changes:		
Total Amount Due: _____	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