

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

Replacement Farm Dwelling: \$550.00
Accessory Structures: \$275.00
Addressing \$110 / Fire Marker \$25.00



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 – REPLACEMENT DWELLING & ACC STRUCTURES

(EFU1, EFU2, EFU3 & EFU-JA)

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 _____

- a. Finds to the satisfaction of the permitting authority that the dwelling to be altered, restored or replaced has, or formerly had:
- i. Has intact exterior walls & roof structure;
 - ii. Indoor plumbing consisting of a kitchen sink, toilet and bathing facilities connected to a sanitary waste disposal system;
 - iii. Interior wiring for interior lights;
 - iv. A heating system.

AND

- b. The replacement dwelling was assessed as a dwelling for the purposes of ad valorem taxation for the lesser of: *(must provide taxation documentation from the Assessor's Office)*
- i. The previous five (5) years property tax years unless the value of the dwelling was eliminated as a result of the destruction, or demolition in the case of restoration, of the dwelling; or
 - ii. From the time when the dwelling was erected upon or affixed to the land and became subject to assessment as described in ORS 307.010 unless the value of the dwelling was eliminated as a result of the destruction, or demolition in the case of restoration, of the dwelling.
- 3) The dwelling may be altered, restored or replaced if, when an application for a permit is submitted, the dwelling meets the requirements of subsection (2)(i) of this section, the dwelling does NOT meet the requirement of subsection (2)(ii) of this section, and the applicant establishes to the satisfaction of the permitting authority (Planning Director) that the dwelling was improperly removed from the tax roll by a person other than the current owner.

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.

ON-SITE SEPTIC

_____ COPY OF AUTHORIZATION NOTICE

To obtain an Authorization Notice, a sign off on a Land Use Compatibility Statement (LUCS) form is required. The LUCS form is available at the Environmental Health office. The Planning Dept. needs to sign off on the LUCS and collect a \$55.00 sign off fee. This process is required prior to turning in this Site Plan Review Application.

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: _____

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)

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: _____

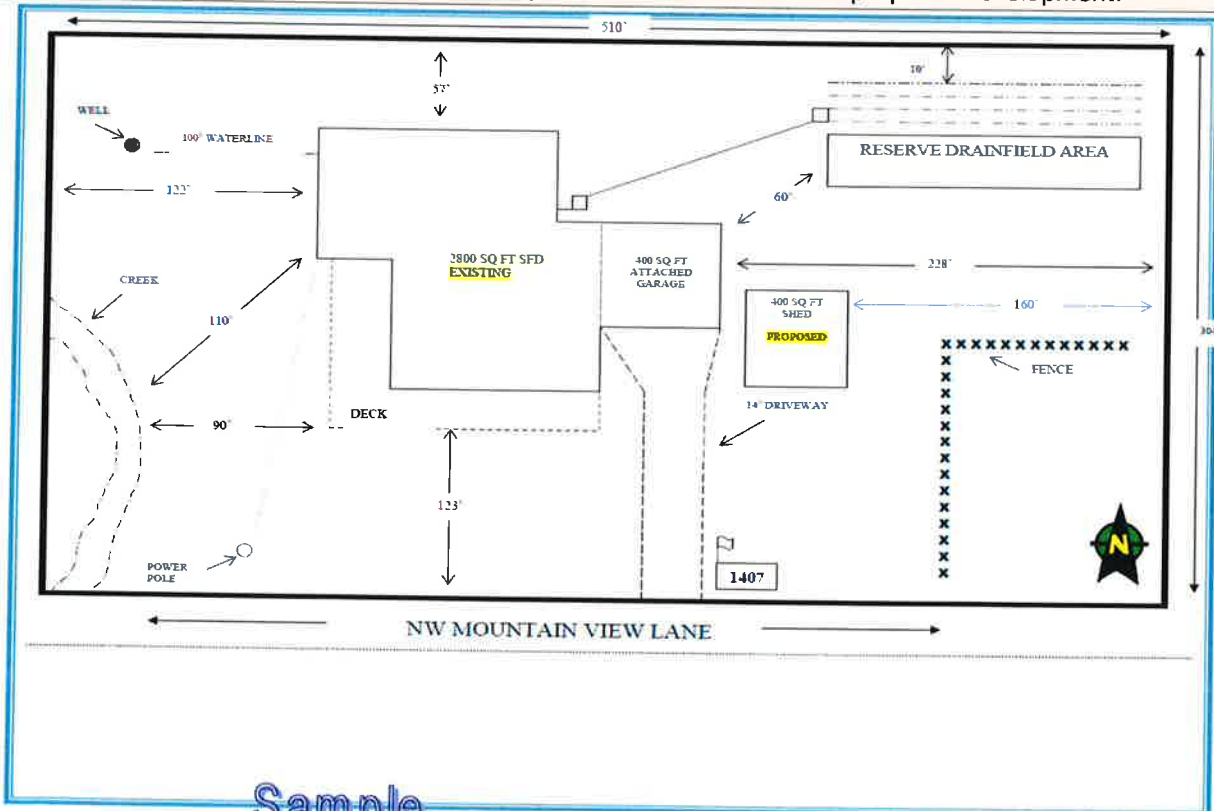
AGENT/REPRESENTATIVE SIGNATURE: _____ DATE _____

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.

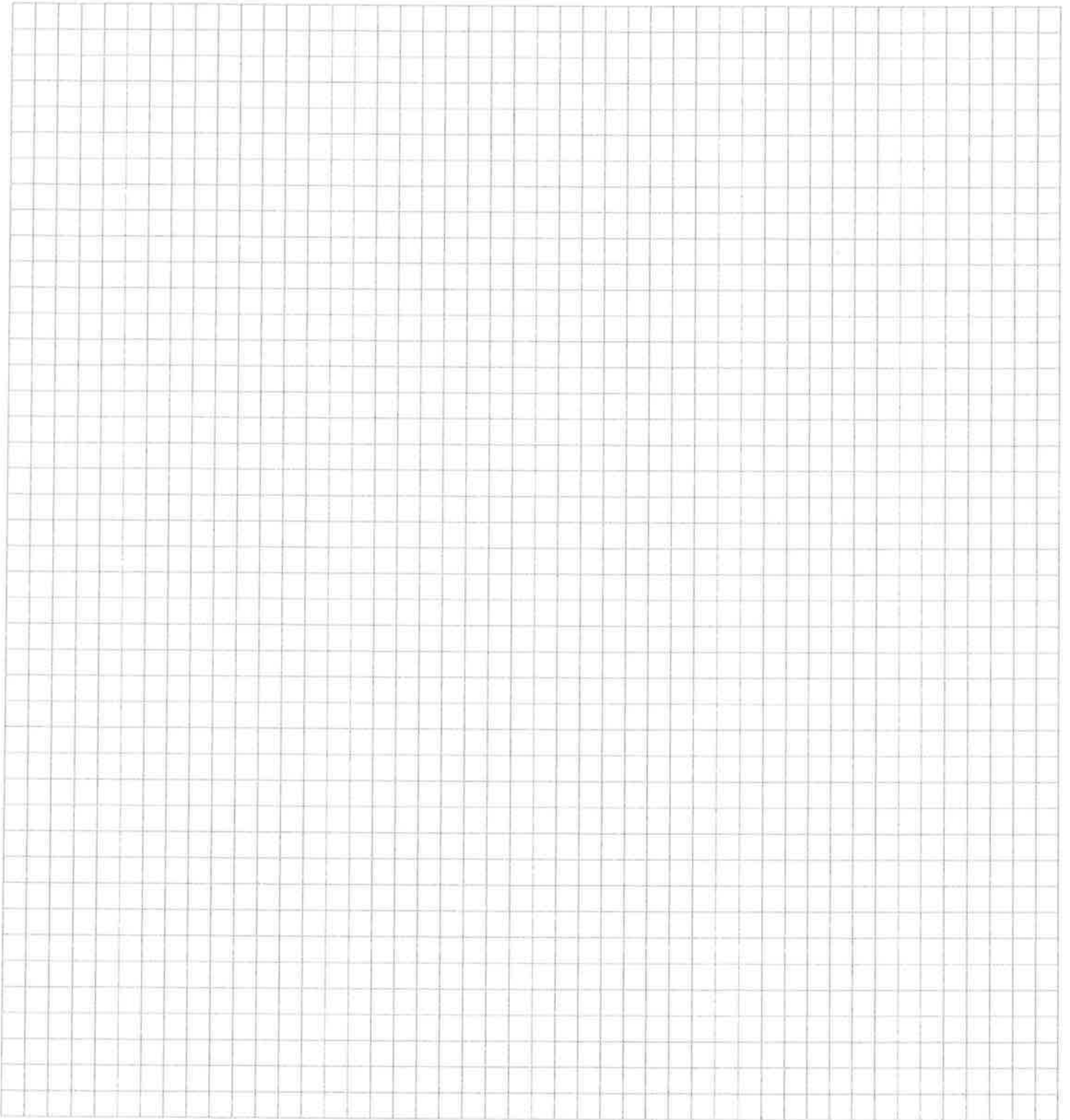


Sample

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

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