

## **Crook County Planning Department**

300 N.E. Third Street, Room 12, Prineville, OR 97754 Phone: 541-447-8156 / Fax: 541-416-3905

## VERIFICATION OF REMOVAL TEMPORARY RESIDENCE

As required on your original approval for the Temporary Residence, removal of the temporary structure was to be moved from the property "within 30 days of the permit becoming void or revoked," as stated in Crook County Code 18.132.070(4).

Please provide the following information by date indicated to prevent it from being forwarded to County Compliance Officer

		Due Date		
Date:				
Name	):			
Addre	ess:			
Origir	nal Temporary Use P	ermit Number:		
Туре	of Structure Remove	ed:		
Year_	Make	Model	I.D. No	
Was	the Structure moved	to another location	n?: Yes No	
1)	If Yes, indicate new location address:			
2)	If No, was it dismantled and properly disposed of?: Yes No			
	What date was it dismantled and removed from property?			
*****	********	For Office	**************************************	*****
Date Received: Date V			Date Verified:	
Plann	ing Dept./Compliand	e Office Signature		