



Crook County Community Development

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

Phone: 541-447-3211 Ext #1 / Fax: 541-416-2139

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

LEGAL LOT or PARCEL DETERMINATION APPLICATION

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 _____
 TOWNSHIP _____ SOUTH, RANGE _____ EAST WM, SECTION _____, TAX LOT _____
 TOWNSHIP _____ SOUTH, RANGE _____ EAST WM, SECTION _____, TAX LOT _____
 TOWNSHIP _____ SOUTH, RANGE _____ EAST WM, SECTION _____, TAX LOT _____
 TOWNSHIP _____ SOUTH, RANGE _____ EAST WM, SECTION _____, TAX LOT _____
 TOWNSHIP _____ SOUTH, RANGE _____ EAST WM, SECTION _____, TAX LOT _____

DETAILED EXPLANATION:

I hereby request the following determination:

Physical address of subject property:

Zoning: _____ Subdivision Name; if applicable: _____

PROPOSAL REQUEST:

I AGREE TO MEET THE STANDARDS GOVERNING THE LAWS FOR "SITE PLAN REVIEWS" 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 SIGNATUR: _____ DATE _____

PRINT OWNER NAME CLEARLY: _____

AGENT/REPRESENTATIVE SIGNATURE: _____ DATE _____

PRINT AGENT/REP NAME CLEARLY: _____

CHECK LIST REQUIREMENTS

- ___ A completed application form with the appropriate signatures
- ___ A signed "Authorized Form; if applicable (Copy is attached)
- ___ A copy of the TAX LOT CARD(s) (Available from the Crook County Community Development Department – no charge for copies.
- ___ Copies of ALL recorded DEEDS and CONTRACTS as shown on each Tax Lot Card. (Copies of Deeds & Contracts are available from the Crook County Clerk's Office – copy fee applies).
- ___ Submit the correct application fee.



Community Development Department

300 NE 3rd Street, Prineville, OR 97754

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AUTHORIZATION FORM

Let it be known that _____

(Print name clearly)

has been retained to act as my authorized agent to perform all acts for development on my property noted below: These acts include: Pre- application conference, filing applications and/or other required documents relative to all Permit applications.

Physical address of property: _____, and described in the records of CROOK COUNTY as:

Township _____ South, Range _____ East, Section _____, Tax lot _____

Township _____ South, Range _____ East, Section _____, Tax lot _____

The costs of the above actions, which are not satisfied by the agent, are the responsibility of the undersigned property owner.

PROPERTY OWNER

(Please Print Clearly)

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

- 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 Corporation ~ please provide the name of President or other authorized signor(s).

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

If a Trust ~ provide the name of current Trustee(s)

In addition, you will need to include 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.

AGENT

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____