



RECORD NO. 217 - _____ - _____ PLNG

Residential \$720

Commercial \$1067

Addressing \$110

Residential Accessory Structure \$110 (under 1000 sq. ft)

Residential Accessory Structure \$275 (1000 sq. ft or larger)

SITE PLAN REVIEW - RESIDENTIAL & ACCESSORY BLDGS.
Destination Resort

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 or email 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:

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____
Email: _____

PROPERTY INFORMATION:

Township _____ Range _____ Section _____ Tax Lot _____
Size of property: _____ acres Zone: _____
Physical address: _____
Subdivision name, if applicable: _____ Lot _____ Block _____

DETAILED EXPLANATION: Explain the "existing" & "proposed" structures.

CROOK COUNTY COMMUNITY DEVELOPMENT - PLANNING DIVISION

300 NE 3RD Street, Room 12, Prineville, OR 97754

Phone: (541) 447-3211 Ext. 1 - Fax: (541) 416-2139 - www.co.crook.or.us - plan@co.crook.or.us

Z:planning/planning/applications/site plan reviews/site plan review – destination resort

PROPOSED RESIDENCE REQUEST:

Is this request for a "NEW" or "REPLACEMENT" dwelling? (Circle one)
Dwelling/habitable: 1st floor _____ sq. ft. and 2nd floor _____ sq. ft.
Attached garage: 1st floor _____ sq. ft. and 2nd floor _____ sq. ft.
Decking/patios: _____ sq. ft.
Number of stories: _____ Height: _____ (to the peak)

ACCESSORY BUILDINGS:

Size: 1st floor _____ sq. ft. and 2nd floor _____ sq. ft.
Height: _____ ft. to eave Number of stories: _____
Personal use: Yes _____ No _____ Commercial Use: Yes _____ No _____
Is this an addition to an existing accessory structure: Yes _____ No _____
If yes, what is the existing accessory structure size: _____ sq. ft.
Will there be plumbing? Yes _____ No _____ Electrical? Yes _____ No _____ Mechanical? Yes _____ No _____

WATER: Will be supplied by **AVION WATER – Phone: 541-382-5342 (Office)**
Address: 60813 PARRELL ROAD, BEND OR, 97702

Authorized Signature: _____ **Date:** _____
Print Name: _____ **Phone:** (____) ____ - _____

SEWER: Will be provided by **BRASADA RANCH UTILITY, LLC**
PHONE: 541-323-6087 (Office) / 541-604-0043 (Cell – Bob McDaniel)
ADDRESS: 1230 GOLDEN PHEASANT DRIVE, REDMOND OR, 97756

Authorized Signature: _____ **Date:** _____
Print Name: _____ **Phone:** (____) ____ - _____

NOTE: ATTACH A COPY OF AN APPROVED "PLOT PLAN" AUTHORIZED BY THE "BRASADA RANCH DESIGN REVIEW COMMITTEE." SAID PLOT PLAN OR SITE PLAN MUST BE STAMPED AND SIGNED BY AN AUTHORIZED PERSON OF THE BRASADA RANCH DESIGN REVIEW COMMITTEE. THE "SITE PLAN" MUST BE SUBMITTED ON 8 ½ X 11 PAPER.

PROPERTY OWNERS SIGNATURES:

By signing below, I/WE 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/or the Crook County Comprehensive Plan. I/We agree that all the information contained in this application is true to the best of my knowledge.

PRINT OWNER NAME CLEARLY: _____ **Date:** _____
PROPERTY OWNER SIGNATURE: _____

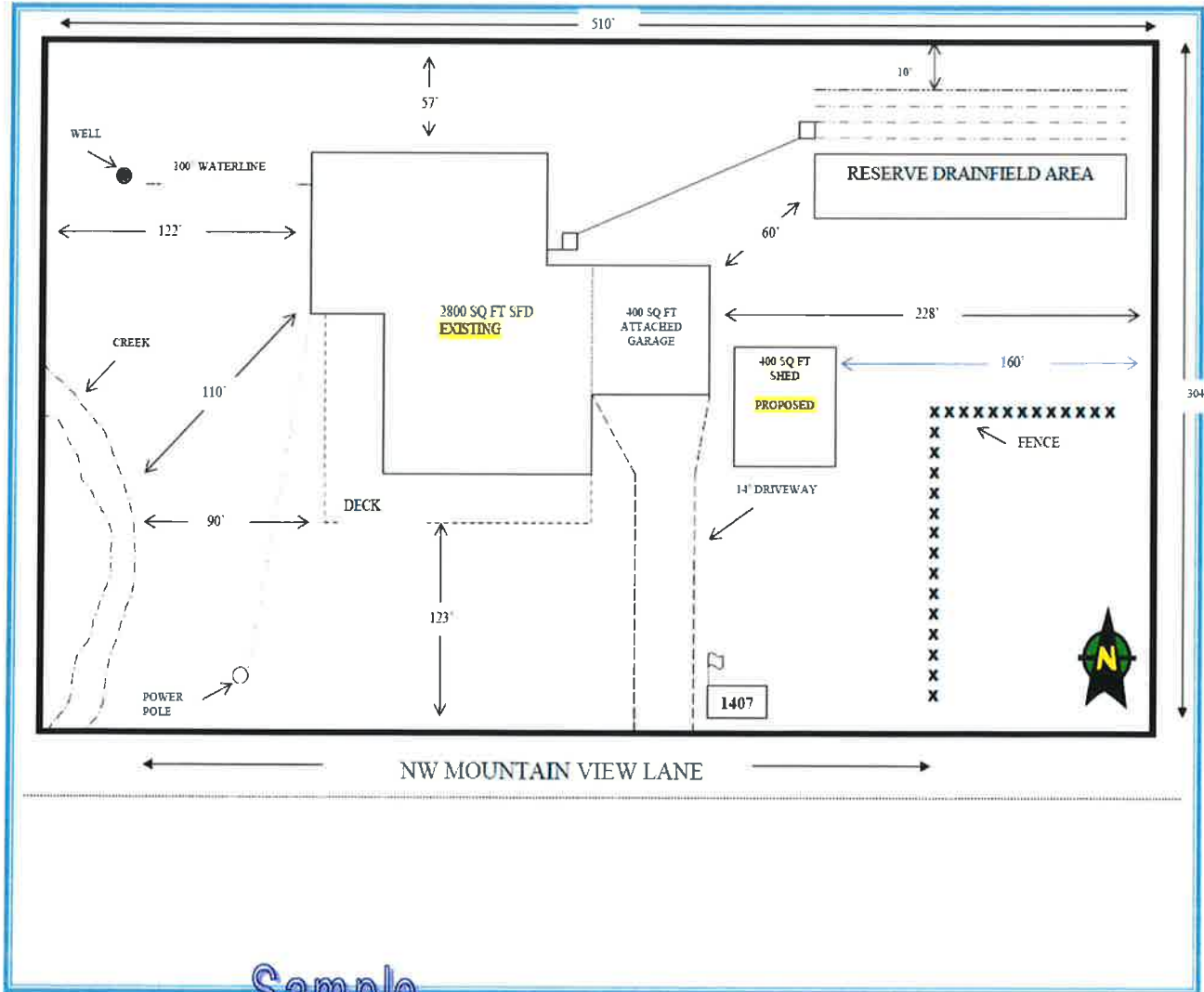
PRINT OWNER NAME CLEARLY: _____ **Date:** _____
PROPERTY OWNER SIGNATURE: _____

PRINT AGENT/REPRESENTATIVE CLEARLY: _____ **Date:** _____
AGENT/REPRESENTATIVE SIGNATURE: _____

PLOT PLAN REQUIREMENTS

“PLOT PLAN” MUST BE DRAWN ON AT LEAST 8 ½ X 11 PAPER, BUT NO LARGER THAN 8 ½ X 14. A PARCEL THAT IS 2 ACRES OR LESS IN SIZE MUST BE DRAWN TO SCALE, AND ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN. A PARCEL THAT IS MORE THAN TWO ACRES IN SIZE DOES NOT HAVE TO BE DRAWN TO SCALE, HOWEVER, ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN AND ALL INFORMATION MUST BE ACCURATE. THE DETAILED “PLOT PLAN/SITE PLAN” MUST INCLUDE THE FOLLOWING:

- NORTH ARROW.
- DIMENSIONS AND BOUNDARIES OF THE PROPERTY.
- LOCATION & WIDTH OF ALL EASEMENTS OR RIGHT-OF WAYS.
- 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.
- NAMES AND LOCATIONS OF ALL ROADS ADJACENT TO THE PROPERTY.
- 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.
- LOCATION OF DRIVEWAYS OR OTHER ROADS ON THE PROPERTY, EXISTING AND PROPOSED.
- DISTANCE (SETBACKS) FROM ALL STRUCTURES TO ALL PROPERTY LINES.
- LOCATION OF ALL MAJOR FEATURES (CANALS, IRRIGATION DITCHES, RIMROCK, ROCK LEDGES, ETC)
- INDICATE LOCATION OF ALL “EXISTING” AND “PROPOSED” STRUCTURES: DWELLINGS, GARAGE, SHOPS, LEAN-TO, BARN, ETC. INDICATE ON THE PLOT PLAN IF EXISTING OR PROPOSED WITH DIMENSION SIZE.

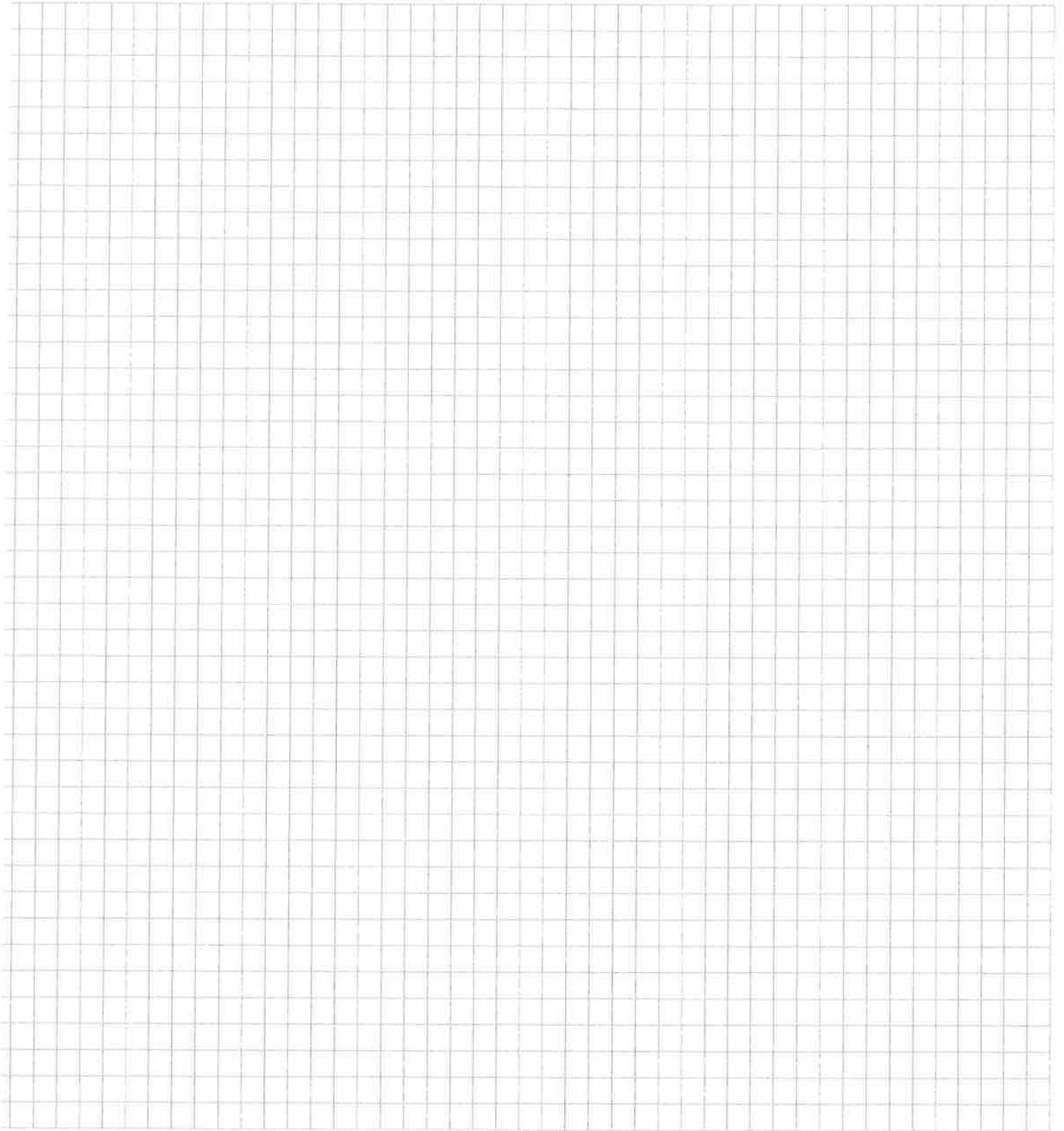


Sample

- 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	Total Amount Due: _____	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



Community Development Department

300 NE 3rd Street, Prineville, OR 97754

Phone: (541) 447.8156 / Fax: 541-416-2139

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

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: _____