DESTINATION RESORT - CONDITIONAL USE PERMIT - MODIFICATION APPLICATION

NOTICE TO ALL APPLICANTS

The Crook County Planning Department is required to review all applications for accuracy and to determine whether the staff and/or Planning Commission have the information needed to make a decision. County Ordinances allow the County 30 days to determine whether the application is complete. If the Planning Department 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. State Law requires that information to support an application be available for public inspection at our office 20-days before a public hearing. Any information submitted after this date may require a postponement of the hearing date if necessary. Please make sure your application is complete. The burden of proof lies with the applicant.

PROPERTY OWNER INFORMATION

Last Name: ______________________ First Name: ______________________
Mailing Address: _________________________________________________________
City: ___________________________________ State: ___________ Zip: ___________
Day-time phone: (____) ______- _________ Cell Phone: (____) ______-__________
Email: __________________________________________________________________

AGENT/REPRESENTATIVE

Last Name: ______________________ First Name: ______________________
Mailing Address: _________________________________________________________
City: ___________________________________ State: ___________ Zip: ___________
Day-time phone: (____) ______- _________ Cell Phone: (____) ______-__________
Email: __________________________________________________________________

Original Conditional Use file number: __________________________

Tax Map # T___S, R___E, Section _____ Tax Lot # _____________
Tax Map # T___S, R___E, Section _____ Tax Lot # _____________

State what the original approval was for:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Permit Modification Request – Updated for fee only 7/19/2018
Explain your request for modification: what, where, why:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
(Please “attach” any exhibits to better explain your reasons of modification.)

Owner(s) Signature ___________________________ Date: __________
Agent/Representative Signature ___________________________ Date: __________

(Office Use Only)
Application deemed completed by staff: ___________________________
Application deemed completed (date): _______________________

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