PERMIT No. 

**EXTENSION REQUEST**
(Public Hearing Extension Request for Subdivisions & PUD’s)

**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 the 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 missing information and a decision on your application will be postponed until the information is received. State law requires that all 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**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
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<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Day-time phone: (__<em>) <em><strong>-</strong></em></em></td>
<td>Cell Phone: (__<em>) <em><strong>-</strong></em></em></td>
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<td>Email:</td>
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<table>
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<tr>
<th>Owner’s Signature:</th>
<th>Date:</th>
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**AGENT/REPRESENTATIVE**

<table>
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Tax Map #: _______ Situs: _______

Subdivision or PUD Name: _______
State what the original approval was for:


Explain your request for the Extension Request: what, where, why, etc.:


Please attach any exhibits to better explain your reasons of modification


SIGNATURES

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 Name clearly: __________________________________________

Property Owner Signature: ____________________________ Date ____________

Print Name clearly: __________________________________________

Agent/Representative Signature: ____________________________ Date ____________

Print Name clearly: __________________________________________

(Note: If an agent/representative is submitting your application on behalf of the property owner, the “Authorization Form” must be completed and attached to this application.)

Permit Modification Request – Updated: August 20, 2014
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: ________________________________________________