Conditional Use Application
Hunting Preserve

IMPORTANT NOTICE: 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. Within that 30-day period, the Planning Department will request additional information, if necessary. 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
Last Name: ___________________________ First Name: ___________________________
Mailing Address: ________________________________________________________________
City: ___________________________ State: ______ Zip: ___
Day-time phone: (______) _______ - _______ Cell Phone: (______) _______ -
Email: ___________________________

AGENT / REPRESENTATIVE (MUST SIGN THE ATTACHED LETTER OF AUTHORIZATION)
Last Name: ___________________________ First Name: ___________________________
Mailing Address: ________________________________________________________________
City: ___________________________ State: ______ Zip: ___
Day-time phone: (______) _______ - _______ Cell 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_______

Size of property: ___________________________ Acres  Zoning: ___________________________
Physical address: ________________________________________________________________
Subdivision name, if applicable: ___________________________
A private Hunting Preserve is allowed in EFU1 (18.120.020), EFU2 (18.120.020) and EFU3 (18.120.020) zones and as outlined within ORS 215.283 (c) and ORS 497.248.

Indicate how your proposal meets the following criteria:

1. No person shall engage in the business of operating a private hunting reserve for the hunting of privately owned or propagated game birds unless the person first obtains from the Oregon Department of Fish & Wildlife Commission a private hunting preserve license.
   a. ______ Submit approval from ODF&W

2. The ODF&W Commission shall issue a private hunting preserve license to an applicant if the Commission finds that the operation of the preserve will meet the following:
   a. The preserve is on one continuous tract of land owned by the applicant or leased by the applicant and contains:
      i. Not more than 640 acres, if the preserve is located in the area west of the summit of the Cascade Mountains; or
      ii. Not more than 1,280 acres, if the preserve is located in the area east of the summit of the Cascade Mountains.
   b. The preserve is located at least one-half mile from any other licensed private hunting preserve.
   c. No portion of the preserve is closer than one-half mile to any park, wilderness area, refuge or wildlife management area operated by any agency of the state or federal government.
   d. The exterior boundaries of the preserve are clearly defined and posted with signs erected around the extremity at intervals of 1,320 feet or less. The signs shall comply with requirements prescribed by the State Department of Fish & Wildlife (ODF&W).
   e. The applicant has facilities to propagate or hold not less than 500 of each wildlife species to be released for hunting.
   f. The applicant will not prevent or attempt to prevent public hunting on lands adjacent to the preserve.

3. The ODF&W Commission, by rule, shall prescribe the time, manner and place of hunting on private preserves, the wildlife species to be hunted, requirements for the care and marking of wildlife raised on the preserve, the release of wildlife received from another state, the procedures for marking indigenous wildlife incidentally taken on the preserve and the fees therefor, and record keeping and reporting procedures.
Pursuant to paragraph (a) of this subsection, the ODF&W Commission shall:

a. Allow private hunting preserve operators to use plastic poultry leg bands for marking wildlife species to be released for hunting.

b. Allow the transportation of game birds killed on a private hunting preserve if the birds are cleaned, wrapped, packaged and accompanied by a transportation form from the preserve that state the number and sex of the birds being transported.

c. Require private hunting preserve operators to have at least 10 resident private hunting preserves, 10 nonresident private hunting preserve permits and 10 wildlife seals. This requirement shall apply to each operator, regardless of the number of preserves operated by that person.

4. No person shall hunt on a private hunting preserve unless the person first obtains from the ODF&W Commission a hunting license or a private hunting preserve permit.

I hereby make application to the Crook County Planning Commission for a Conditional Use Permit to secure authorization for a Hunting Preserve: (Attach all necessary documents that show compliance with the above requirements.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

TAX LOT CARD

A copy of the "Tax Lot Card" with history from the Crook County Assessor's Office or the Community Development Department.

APPLICABLE CRITERIA:

1. Will facilities be provided: Yes ____ No ____
   a. If yes, what facilities will be provided for hunting guests; i.e. lodging, day use, and other.
2. If no facilities will be provided for hunting guests, skip the following sections: Environmental Health and Domestic Water sections.

ENVIRONMENTAL HEALTH – SEPTIC DISPOSAL

__________ Copy of Site Evaluation Report (New residence)

"OR"

__________ Copy of Authorization Notice (Replacement residence)

1. Located in Fire Protection District: Yes ______ or No ______

2. Utility Services, public and private:

__________ Power, Company name ________________________________

__________ Phone, Company name ________________________________

__________ Other, ________________________________

DOMESTIC WATER

Water will be supplied by: (check only one)

__________ An existing individual well

__________ A proposed individual well

__________ 4 to 14 dwellings on one well State regulated system.

__________ Shared well (Number of dwellings____) If shared well, indicate the location of well and other property locations

(Tax Map #), as well as a copy of a recorded “Shared Well Agreement.” A “Shared Well” is 3 or less dwellings on one well un-regulated system.

__________ Other: Please explain ________________________________

__________ Community Water System: Name ________________________________

PWS# ________________________________

Community Water System Authorization:

Print Name: ________________________________ Daytime phone: __________

Authorization Signature: ________________________________ Date: __________

(or) a signed authorized letter must be attached to this application. No exceptions.
ROAD ACCESS

Access to property: (Check one)

County Road_______ Public Road_______ *Private Road_______ State Road _______

Is the proposed road: (Check one)
   An existing road _____
   A proposed road ____

Existing ____ or Proposed _____

* Note: If private easement, provide legal recorded documentation.

If you currently have an “approved” road access permit, attach a copy of said permit to the application.

IRRIGATION WATER RIGHTS

Note: The applicant and/or agent is required to obtain signature(s) from the appropriate water rights district; COID, OID, Water Resources, etc.

1. Location of all existing water rights, number of acres, and proposed division of water rights.
   If the property has irrigation water rights, who is the supplier:
   __________________ Central Oregon Irrigation District (541-548-6047)
   __________________ Ochoco Irrigation District  (541-447-6449)
   __________________ Water Resources Department (541-388-6669)
   __________________ People’s Irrigation District (541-447-7797)
   __________________ Other: ______________________________________

A. Does the property have irrigation water right? Yes_______ No_______ If so, a sign-off from State Water master and/or the relevant irrigation district is required.

B. If yes, what is the amount of acres of irrigation water right? _________ Amount of water right acres to be transferred? ________________

C. Is there an irrigation ditch and/or an underground pipeline that runs through the property? Yes_______ No_______

D. Is there a distribution point for irrigation located on the property? Yes_______ No_______
WILDLIFE WINTER RANGE / SENSITIVE BIRD HABITAT

This section needs to be completed and signed by Oregon Department of Fish & Wildlife.

Is the subject property located within a "Winter Wildlife" overlay zone? Yes____ No ______

If yes, please check the appropriate box(s):
_________ Critical Deer Winter Range
_________ General Deer Winter Range
_________ Elk Winter Range
_________ Antelope Winter Range

Is the property located in within a "Sensitive Bird Habitat" overlay zone? Yes____ No ______
If yes, which area: Nest ________ Roust ________ Type ________________

ODF&W Signature: ___________________________ Date: __________
Print Name: ________________________________ Day-time Phone: __________________
Comments: ____________________________________________________________

__________________________________________
**WEED CONTROL**
This section needs to be **completed and signed** by the Weed Master.

Weed Master Signature: ___________________________ Date: ________________
Print Name: ___________________________ Day-time Phone: ________________
Comments: __________________________________________________________________________________________

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**SIGNATURES**
I/We agree to meet the standards governing the laws for Conditional Use Applications as outlined in the State of Oregon's OAR, ORS, Crook County Code, and Crook County – Prineville Comprehensive Plan. I/We agree that all the information contained in this application is true to the best of my knowledge.

Owner Signature: ___________________________ Date: ________________
Print Name: ___________________________
Agent Signature: ___________________________ Date: ________________
Print Name: ___________________________

(Note: If agent/representative is submitting your application on behalf of the property owner, the "Letter of Authorization" form must be completed and attached to this application)

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**CHECK LIST OF REQUIREMENTS**

- [ ] A completed application form with the appropriate signatures.
- [ ] A completed Address Application (Submitted to the Building Dept.)
- [ ] A copy of the Tax Lot Card. (Available from the Crook County Assessor)
  (If the subject Parcel of Lot is located within a legally recorded subdivision, a tax lot card is not required)
- [ ] Submit the correct application fee.
- [ ] A copy of the current owners Warranty Deed.
- [ ] A signed copy of a "Statement of Understanding" (Form B)
- [ ] A copy of the irrigation map for the area and historical water rights information on the subject property. (Available from the Irrigation District), if applicable.
- [ ] A detailed "Plot Plan" of the subject property. (See below for detailed information)
- [ ] A copy of an approved "Site Evaluation" for a new residence or an "Authorization Notice." (Available from the Crook County Environmental Health Department.) If applicable.
An approved Road Access Permit, if applicable, from either the Crook County Road Department for County Maintained Roads and Public Roads, or Oregon Department of Transportation for access from State Highways. [Available from the County Community Development Department, Planning Division.

SUPPLEMENTAL INFORMATION
The information requested in this application is the minimum information necessary. This application requests information that will assist Crook County planners in evaluating whether your proposal meets these criteria. Failure to complete applicable portions of this application form may result in the County not accepting your application or denying your application for failure to demonstrate that the criteria have been met. The County can assist you by providing such information from the Crook County Assessor, Crook County Clerk’s Office, and the Crook County GIS Department. However, the burden of proof lies on you, the applicant, to demonstrate that the criteria have been met. In many cases, you may wish to provide information in addition to that requested to support your application.

DETAILED PLOT PLAN REQUIREMENTS

The detailed “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 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” must include the following:

- Scale of map – not greater than one inch per 400 feet.
- North arrow.
- Dimensions and boundaries of the property.
- Location of all easements and names, and the right-of-way widths of existing roads and easements or right-of-way for any proposed roads, utilities, bikeways, and access corridors.
- 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 septic system test holes used for the site evaluation during the feasibility process. In addition, the location of the proposed septic tank, drain field and
replacement drain field that shows the dimensions and spacing of the leach lines. Further, indicate the distance from the septic tank and septic system to the property lines.

☐ Location, size and intended use of all structures, existing and proposed.
☐ Location of driveways or other roads on the property, existing and proposed.
☐ Location of all public utility easements. In addition, attach copies of the recorded utility easement that indicates easement widths.
☐ Distance (setbacks) from all structures to all property lines.
☐ Location of all major features (canals, irrigation ditches, rock ledges, etc)
☐ Location of rimrock, of applicable.
☐ Location of all drainage, creeks, springs, etc., with distance to the proposed development site.

Additional Information or Analysis Addressing the Criteria.
Please feel free to attach additional information or analysis which you believe demonstrates compliance with the requirements of the EFU zone for a Hunting Preserve.
FORM B

STATEMENT OF UNDERSTANDING

I wish to develop the property described as Township ______ South, Range ______ East WM, Section ______, Tax lot(s) _________ in a way that requires permits from Crook County, including land use approval, a septic site evaluation and/or septic permits, and building and supplemental construction permits.

I understand that State law does not allow Crook County to issue a septic or building permit before the County has determined that the proposed development complies with all County land use regulations.

In addition, in making this request, I understand and agree that:

1. No other permits will be issued until the land use permit has been granted.

2. The land use permit may not be granted if the required approval criteria are not met.

3. If the land use permit is not granted, the other permits applied for will not be issued.

4. If the land use permit is not granted, no refund will be given for any land use, site evaluation, plan review or permit fees already paid.

Name: ____________________________________________

Mailing Address: ____________________________________________

City: ___________________ State: ___________ Zip: ___________

Applicant: ____________________________________________ Date: ____________

(Original Signature)

Property Owner: ____________________________________________ Date: ____________

(Original Signature)
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

☐ Other
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: ___________________________
PLEASE INCLUDE THE FOLLOWING ON YOUR PLOT PLAN:

- Size & Location of Proposed Structure
- All setbacks incl. distances to property lines & other structures
- Well
- Location of septic tank, drainfield and approved reserve area
- Entire Driveway and Access Location
- ALL roads abutting property
- Utility/Water lines
- NORTH indicator
- ALL Easements (public/private)
- Property Dimensions
- Location of ALL creeks, streams, ponds, springs, fences
- Location of ALL irrigation water rights and/or canals

- 8 ½” X 11” Plan does NOT have to be to scale and may be drawn by hand as long as it is legible. Show distances from all items indicated above to proposed structure(s).

- NOT TO SCALE -