PERMIT No. __________________________

FEES
Modification Request – Destination Resorts: $2200
Site Visit: $220

Crook County Community Development Department
Planning Division
300 NE 3rd Street, Room 12, Prineville Oregon 97754
Phone: 541-447-8156 / Fax: 541-416-2139
Email: plan@co.crook.or.us / Website: www.co.crook.or.us

MODIFICATION REQUEST
(DEuestion RESORT ~ CONDITIONAL USE ~ SITE VISIT)

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

Name of Destination Resort: ____________________________________________
Mailing Address: ______________________________________________________
City: __________________ State: ______ Zip: _____________________________
Day-time phone: (___) _______ - _______ Cell Phone: (___) _______ - _______
Email: _______________________________________________________________

Owner’s Signature: ___________________________________ Date: __________

AGENT/REPRESENTATIVE

Last Name: ___________________ First Name: __________________________
Mailing Address: ______________________________________________________
City: __________________ State: ______ Zip: _____________________________
Day-time phone: (___) _______ - _______ Cell Phone: (___) _______ - _______
Email: _______________________________________________________________

Agent’s Signature: ___________________________________ Date: __________

Tax Map #: ___________________ Situs: __________________________
Original File Number: __________________________
State what the original approval was for:


Explain your request for modification: what, where, why:


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.)
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

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