



**Crook County Community Development**  
300 NE 3<sup>rd</sup> Street, Room 12, Prineville Oregon 97754  
Phone: 541-447-3211 Ext. 1 / Fax: 541-416-3905  
**FEE: \$1100.00**

**DESTINATION RESORT APPLICATION**  
**Final Development Plan**

**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 Application #** \_\_\_\_\_  
**Tax Map #** \_\_\_\_\_

**Final development plan review process (Crook County Code – 18.116.110).**

The planning commission shall review a final development plan. The planning commission shall approve a final development plan if it conforms to the approved development plan and its conditions of approval.

**BURDEN OF PROOF STATEMENT MUST ADDRESS THE APPROVAL  
CRITERIA IN CROOK COUNTY CODE 18.116.100.**

The applicant must demonstrate the following:

- (1) The final development plan conforms to the approved development plan and addresses all conditions of approval of the development plan, including any approved modifications to the development plan.

The applicant must demonstrate that the final development plan is not materially different than the approved development plan. If the planning commission finds that the final development plan is materially different from the approved development plan, the applicant shall submit an amended development plan for review. "Materially different," as used in this subsection, means a change in the type, scale, location, or other characteristics of the proposed development such that findings of fact on which the original approval was based would be materially affected.

In demonstrating that the final development plan is not materially different than the approved development plan, the applicant shall demonstrate the provision of infrastructure (water, sewer, transportation) can reasonably serve the destination resort in a manner that conforms to the approved development plan (either original or as modified).

The applicant must demonstrate that the final development plan addresses all conditions of approval of the development plan.

**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: \_\_\_\_\_

(Authorization Form Required)



# Community Development Department

300 NE 3<sup>rd</sup> Street, Prineville, OR 97754

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

Email: [plan@co.crook.or.us](mailto:plan@co.crook.or.us) / Website: [www.co.crook.or.us](http://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: \_\_\_\_\_