Record No. 217-________-_________ PLNG

Fees:
2 lots/parcels - $1430.00
3 lots/parcels - $1650.00

Crook County Community Development
300 NE 3rd Street, Room 12, Prineville Oregon 97754
Phone: 541-447-3211

LAND PARTITION – RESIDENTIAL / COMMERCIAL
(Incomplete applications will not be accepted)

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

LAST NAME: ____________________________________ FIRST NAME: ____________________________
MAILING ADDRESS: _________________________________________________________________
CITY: __________________________ STATE: __________________________ ZIP: _____________
PHONE: (______) _______ - _______ ALTERNATE PHONE: (______) _______ - _______
EMAIL: ____________________________________________________________

AGENT / REPRESENTATIVE Authorization Form Required

LAST NAME: ____________________________________ FIRST NAME: ____________________________
MAILING ADDRESS: _________________________________________________________________
CITY: __________________________ STATE: __________________________ ZIP: _____________
PHONE: (______) _______ - _______ ALTERNATE PHONE: (______) _______ - _______
EMAIL: ____________________________________________________________

ENGINEER / SURVEYOR

LAST NAME: ____________________________________ FIRST NAME: ____________________________
MAILING ADDRESS: _________________________________________________________________
CITY: __________________________ STATE: __________________________ ZIP: _____________
PHONE: (______) _______ - _______ ALTERNATE PHONE: (______) _______ - _______
EMAIL: ____________________________________________________________

PROPERTY LOCATION

TOWNSHIP _______ SOUTH, RANGE _______ EAST WM, SECTION _______, TAX LOT ________
SIZE OF PROPERTY: _____________ ACRES ZONING: ____________________________
PHYSICAL ADDRESS: ______________________________________________________________
SUBDIVISION, IF APPLICABLE: ____________________________________________________
FLOOD ZONE: IS THE PROPERTY LOCATED WITHIN A FLOOD ZONE? YES _______ NO _______
DETAILED EXPLANATION:

PLEASE EXPLAIN WHAT STRUCTURES ARE EXISTING ON THE SUBJECT PROPERTY AND WHAT YOU’RE REQUESTING.

PROPOSED LAND PARTITION
TOTAL ACREAGE SIZE OF EXISTING PARCEL: ____________

PROPOSED NUMBER OF LOTS/PARCELS: ____________

ACCESS / ROADS
INDICATE THE TYPE OF ACCESS USED TO THE PROPERTY: (CHECK ONE)
COUNTY ____________ PUBLIC ____________ PRIVATE ____________ STATE ____________

➢ IF PRIVATE EASEMENT, PROVIDE LEGAL RECORDED DOCUMENTATION.
➢ IF ACCESSING FROM THE OREGON STATE HIGHWAY, AN "APPROVED" ODOT PERMIT MUST BE ATTACHED:
➢ IF ACCESSING FROM A "COUNTY MAINTAINED" OR "PUBLIC" ROAD, AN APPROVED ROAD APPROACH PERMIT MUST BE ATTACHED, OR YOU WILL BE REQUIRED TO APPLY WITH THIS PERMIT.

DOMESTIC WATER
WATER WILL BE SUPPLIED BY: (CHECK ONLY ONE)

___ AN EXISTING INDIVIDUAL WELL
___ A PROPOSED INDIVIDUAL WELL
___ SHARED WELL (NUMBER OF DWELLINGS ______ )

ON-SITE SEPTIC - WASTEWATER

___ COPY of SOIL SITE EVALUATION
___ COPY of APPROVED AUTHORIZATION

IF SHARED WELL, INDICATE THE LOCATION OF WELL AND OTHER PROPERTY LOCATIONS ON THE PLOT PLAN/SITE PLAN (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: __________________________________ PHONE: ________________________

AUTHORIZATION SIGNATURE: __________________________________ DATE: ____________
FIRE PROTECTION
DESCRIBE HOW FIRE PROTECTION WILL BE PROVIDED TO THE PROPERTY. IF THE SUBJECT PROPERTY IS LOCATED OUTSIDE OF THE CROOK COUNTY FIRE PROTECTION DISTRICT INDICATE HOW YOU WOULD PROVIDE PROTECTION, INCLUDING WATER SOURCE AND FIRE PREVENTION. (Use Separate paper if necessary)

IRRIGATION WATER RIGHT
PLEASE INDICATE THE LOCATION OF ALL EXISTING WATER RIGHTS, NUMBER OF ACRES, AND PROPOSED DIVISION OF WATER RIGHTS. IF YOU DON'T HAVE IRRIGATION WATER RIGHTS, PLEASE ANSWER QUESTIONS A, D AND E.

IF THE PROPERTY HAS IRRIGATION WATER RIGHTS, WHO IS THE SUPPLIER:

CENTRAL OREGON IRRIGATION DISTRICT: PHONE 541-548-6047 / FAX 541.548.0243
OCHOCO IRRIGATION DISTRICT: PHONE 541-447-6449 / FAX 541.447.3978
WATER RESOURCES DEPARTMENT: PHONE 541-306-6885 / FAX 541.388.5101
PEOPLE'S IRRIGATION DISTRICT: PHONE 541-447-7797

OTHER:

A. DOES THE PROPERTY HAVE IRRIGATION WATER RIGHT? YES___ NO____
B. AMOUNT OF ACRES OF IRRIGATION WATER RIGHT? ________ ACRES
C. AMOUNT OF WATER RIGHT ACRES TO BE TRANSFERRED? ________ ACRES
D. IS THERE AN IRRIGATION DITCH AND/OR AN UNDERGROUND PIPELINE THAT RUNS THROUGH THE PROPERTY? YES____ NO____
E. A DISTRIBUTION POINT FOR IRRIGATION LOCATED ON PROPERTY? YES____ NO____

WATERMASTER SIGNATURE: ___________________________ DATE: ___________
PRINT NAME CLEARLY: ___________________________ PHONE: ____________

IRRIGATION DISTRICT SIGNATURE: ___________________________ DATE: ___________
PRINT NAME CLEARLY: ___________________________ PHONE: ____________

COMMENTS:
________________________________________________________________________
________________________________________________________________________

SIGNATURES
I AGREE TO MEET THE STANDARDS GOVERNING THE LAWS FOR LAND PARTITIONS 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 OWNER NAME CLEARLY: ___________________________

PROPERTY OWNER SIGNATURE: ___________________________ DATE: ___________
PRINT OWNER NAME CLEARLY: ___________________________

AGENT/REPRESENTATIVE SIGNATURE: ___________________________ DATE: ___________
PRINT AGENT/REP NAME CLEARLY: ___________________________
APPLICATION REQUIREMENTS / CHECK LIST

1. A COMPLETED “LAND PARTITION / RESIDENTIAL-COMMERCIAL” APPLICATION FORM WITH THE APPROPRIATE SIGNATURES AND FEES.
2. A COPY OF THE VICINITY MAP(S) AND TAX LOT CARD(S) (AVAILABLE FROM THE CROOK COUNTY ASSESSOR).
3. A COPY OF THE EARLIEST DEED OR CONTRACT THAT DESCRIBES THE PROPERTY IN ITS CURRENT CONFIGURATION (AVAILABLE FROM THE CROOK COUNTY CLERK’S OFFICE).
5. A “LETTER OF AUTHORIZATION” IF USING A REPRESENTATIVE OR AGENT.
6. ONE COPY OF THE TENTATIVE PLAN.
7. NAMES AND ADDRESSES OF THE LAND OWNER, THE PARTITIONER, A MORTGAGEE, IF APPLICABLE, AND THE ENGINEER OR SURVEYOR EMPLOYED OR TO BE EMPLOYED TO MAKE NECESSARY SURVEYS AND PREPARE THE LEGAL DESCRIPTIONS OF EACH PARCEL TO BE CREATED.
8. PLOT PLAN THAT INCLUDES NORTH POINT, SCALE AND DATE OR MAP, AND PROPERTY IDENTIFICATION BY TAX LOT, SECTION, TOWNSHIP AND RANGE.
9. WHERE A TRACT OF LAND IS WITHIN THE BOUNDARIES OF AN IRRIGATION DISTRICT, SHALL BE ACCOMPANIED BY A WATER RIGHTS DIVISION PLAN APPROVED BY THE IRRIGATION DISTRICT OR OTHER WATER DISTRICT HOLDING THE WATER RIGHTS, OR WHEN THERE IS NO SUCH DISTRICT, BY THE DISTRICT WATERMASTER OR HIS REPRESENTATIVE SERVING THE CROOK COUNTY AREA.
10. A COPY OF THE IRRIGATION MAP FOR THE AREA AND HISTORICAL WATER RIGHTS INFORMATION ON THE SUBJECT PROPERTY (AVAILABLE FROM THE IRRIGATION DISTRICT).
11. IF THE SUBJECT PROPERTY IS LOCATED WITHIN A “FLOOD PLAIN AND/OR FLOOD WAY” THE APPROPRIATE “FLOOD HAZARD” APPLICATION IS REQUIRED.

- IF APPLICABLE, NO ROAD CONSTRUCTION MAY BEGIN UNTIL THE ROAD PLANS AND DRAINAGE PLANS HAVE BEEN APPROVED BY THE ROAD DEPARTMENT AND/OR AFFILIATE.

- IF A ROAD SIGN IS REQUIRED AS PART OF THIS APPLICATION, THE PROPERTY OWNER IS REQUIRED TO RECEIVE “TENTATIVE” APPROVAL FOR THE “ROAD NAME” BY THE CROOK COUNTY ADDRESSING MANAGER.

- ALL SIGNS ARE ORDERED THROUGH THE ADDRESSING MANAGER.

SUPPLEMENTAL INFORMATION

PARTITIONS INVOLVE THE CREATION OF THREE (3) OR FEWER PARCELS IN A CALENDAR YEAR. LAND PARTITIONS ARE REGULATED BY TITLE 17 OF THE CROOK COUNTY CODE. APPROVAL OF A TENTATIVE PLAN SHOWING STREETS, LOTS, EXISTING STRUCTURES AND AVAILABLE UTILITIES ARE REQUIRED. IMPROVEMENTS TO ADJACENT EXISTING ROADS MAY BE REQUIRED; IMPROVEMENTS TO ANY PROPOSED ROADS ARE REQUIRED.

- All Proposed Lots Or Parcels Must Have A Direct Frontage (A Minimum Of 50 Feet) On A Street, Other Than An Alley, As Required By Title 18, Chapter 18.124, Section 18.124.010.
- Attach Additional Information/Analysis That Demonstrates Compliance With The Requirements Of Crook County Code Requirements.
  Crook County Code:  
  TITLE 17 – SUBDIVISIONS, CHAPTER 17.24 – LAND PARTITIONING  
  TITLE 17 – SUBDIVISIONS, CHAPTER 17.20 – FINAL PLAT  
  TITLE 18 – ZONING, SPECIFIC ZONES  
  TITLE 18 – ZONING, CHAPTER 18.124 – SUPPLEMENTARY PROVISIONS

DETAILED PLOT PLAN REQUIREMENTS

THE DETAILED “PLOT PLAN” MUST BE DRAWN ON AT LEAST 8 1/2 X 11 PAPER, BUT NO LARGER THAN 8 1/2 X 14.

A PARCEL THAT IS 2 ACRES OR LESS IN SIZE MUST BE DRAWN TO SCALE, AND ALL DIMENSIONS AND BOUNDARIES MUST BE SHOWN. 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:

**Detailed Plot Plan Requirements**

The detailed "Plot Plan" must include the following:
1. Scale of map – not greater than one inch per 400 feet.
2. North arrow.
3. Dimensions and boundaries of the property.
4. 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.
5. 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.
6. Names and locations of all roads adjacent to the property.
7. Direction and percent of slope.
8. 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.
9. 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.
10. Location, size and intended use of all structures, existing and proposed.
11. Location of driveways or other roads on the property, existing and proposed.
12. Location of all public utility easements. In addition, attached copies of the recorded utility easement that indicates easement width.
13. Distance (setbacks) from all structures to all property lines.
14. Location of all major features (canals, irrigation ditches, rock ledges, etc)
15. Location of rim-rock, if applicable.
16. Location of all drainage, creeks, springs, etc., with distance to the proposed development.
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: _________________________________