

PERMIT No. \_\_\_\_\_



**FEES**

**Modification of Conditions “with” Public Hearing: \$1650  
(Subdivision & PUD)**

**Crook County Community Development Department  
Planning Division**

300 NE 3<sup>rd</sup> Street, Room 12, Prineville Oregon 97754

Phone: 541-447-8156 / Fax: 541-416-2319

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

**MODIFICATION REQUEST**

**(SUBDIVISIONS & PUD)**

**MODIFICATION OF CONDITIONS with PUBLIC HEARING**

**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**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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: \_\_\_\_\_

Subdivision or PUD Name: \_\_\_\_\_

State what the original approval was for:

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

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*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.)**



# Community Development Department

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

Phone: (541) 447-8156 / Fax: (541) 416-2139

[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



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: \_\_\_\_\_