ROAD APPROACH PERMIT
(Incomplete Applications Will Not Be Accepted)

Crook County Community Development
300 NE 3rd Street, Room 12, Prineville, Oregon 97754
Phone: 541-447-8156 Ext 1 / Fax: 541-416-2139
Email: plan@co.crook.or.us / Website: www.co.crook.or.us

RECORD No. #: 217-________-PLNG

☐ $82.50 – Agricultural Use

County Maintained Road Public Road

☐ $110 – Grandfather- Single Residence ONLY (Prior to July 1, 1970)

County Maintained Road Public Road

☐ $220 – Residential & Emergency Access: # of Homes (2 or Less)

County Maintained Road Public Road

☐ $440 – Home Occupation

County Maintained Road Public Road

MAIL DELIVERY:

Post Office Box ______ or Rural Delivery ______ Location Request for a Mail Box ______

All access permits “below” are required to submit at a minimum, a traffic assessment for construction and operational traffic impacts upon submittal of permit. The planning Director at his/her discretion may require a complete Traffic Impact Analysis. Additional information may be necessary for staff to determine the level of impacts associated with the proposed access. Permits will not be accepted and or be deemed incomplete without the requested information. Crook County TSP 7.1.7 and Crook County Code Title 12 Chapter 12.04.

Crook County assumes no liability for any costs or time delays (either direct or consequential) associated with the preparation and review of a transportation impact analysis.

County Maintained Road Other Road

$880 – Institutional $880 – Subdivision & PUD: # of Homes

Commercial & Industrial – (Approach Level will be determined by Planning Director.)

$275 - Level I Approach $1100 – Destination Resort

$550 - Level II Approach

$1100 - Level III Approach

All above fees include the 10% Access Enforcement surcharge fee.
Construction of access permits shall be completed within 6 months, or will be deemed void. Extensions may be granted by the Crook County Planning Director. (Crook County Code Title 12 Chapter 12.04.110)

**Property Owner:**
Last Name: ___________________________ First Name: ___________________________

Mailing Address: _____________________________________________________________

City: ___________________________ State: ___________ Zip Code: ___________

Day-Time Phone: (______)_________ Cell Phone: (______)_________

Email: ____________________________________________

**Proposed Access:**

_____ Partitioning _____ Accessory Building _____ Other: _________________________________

Address of Proposed Access: ______________________________________________________

Township _____ South, Range _____ East, Section ____________, Tax Lot _______________

Mile Post ___________ Nearest Intersection ______________________________

**Application Requirements:** *(information to be provided by applicant)*

1. Application shall be completed in full.
2. Copy of recorded Access/Easement.
3. Site Plan showing ALL proposed & existing approaches and structures.
4. PHOTOS SHOWING ACCESS LOCATION.
5. Only one (1) access shall be identified per Road Approach Permit Application.
6. Traffic Impact Analysis and or Traffic Assessment if applicable.
7. If the applicant is not the owner of the property to be served by the approach, then the property owner must in writing authorize the applicant as a designated agent.

**Inspection Requirements:**

2. Failure to Appropriately Mark Access Will Result in a Minimum $50.00 Additional Charge for Re-inspection.
3. If a Final Inspection is required, the Permit will be issued as Temporary until Completion and Acceptance of the Final Inspection.
4. Allow 10 Working Days for Inspections. Inspections will be completed Monday – Thursday; Legal Holidays, Fridays and Weekends will not be included in the allowable days to be completed.

Applicant’s Signature: ___________________________ Date: ___________________________

Please Print Name Clearly: ______________________________________________________

Please Print Agent’s Name Clearly: ______________________________________________

*(If an agent will be submitting this application on your behalf, they’ll need to submit the Authorization Form)*
Road Information:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Minimum Spacing Between Driveways/Streets</th>
<th>Minimum Spacing Between Intersections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial</td>
<td>1200 Feet</td>
<td>1 Mile (5280 Feet)</td>
</tr>
<tr>
<td>Major Collector</td>
<td>500 Feet</td>
<td>½ Mile (2640 Feet)</td>
</tr>
<tr>
<td>Minor Collector</td>
<td>300 Feet</td>
<td>¼ Mile (1320)</td>
</tr>
<tr>
<td>Local</td>
<td>Access to each lot permitted</td>
<td>150 Feet</td>
</tr>
</tbody>
</table>

Speed Limit: Where Posted, If not Posted Then the Speed Limit is 55 MPH

<table>
<thead>
<tr>
<th>Posted Speed Limit</th>
<th>Intersection Sight Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 MPH</td>
<td>445 Feet</td>
</tr>
<tr>
<td>45 MPH</td>
<td>610 Feet</td>
</tr>
<tr>
<td>55 MPH</td>
<td>775 Feet</td>
</tr>
</tbody>
</table>

Culvert Requirements: Culvert Required: _____ Yes _____ No Culvert Diameter _____ Length _____

Type: ____________________________

Comments: ____________________________

Temporary Access OR Temporary Construction Access:

Comment: ____________________________

Approved as TEMPORARY ACCESS _____ Yes _____ No Expiration Date: ____________________________

Permanent Access: ____________________________ Date: ____________________________

Crook County Road Master – County Maintained Roads Only

Crook County Building Department – Public Ways Only

FINAL INSPECTION REQUIRED _____ Yes _____ No FINAL INSPECTION COMPLETED _____ Yes _____ No

Comments: ____________________________

ACCESS ______ APPROVED ______ DENIED ______

ATTACHMENTS ______

Crook County Road Master – County Maintained Roads Only
Crook County Building Department – Public Ways Only

Construction of access permits shall be completed within 6 MONTHS, or will be deemed void. Extensions may be granted by the Crook County Planning Director. (Crook County Code Title 12 Chapter 12.040110) Questions Call 541-447-3211

Up dated March 28, 2019 (FEES ONLY)
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: __________________________________________