



RECORD NO. 217 - \_\_\_\_\_ - \_\_\_\_\_ PLNG

Accessory \$275 / Residential \$550  
Addressing \$110 / Fire Marker \$25

**SITE PLAN REVIEW - RESIDENTIAL & ACCESSORY BLDGS.**  
**(NEW & REPLACEMENT)**

(All Zones **Except** EFU1, EFU2, EFU3, EFU-JA, AND F1)

**Notice to all applicants:** The Crook County Community Development, Planning Division is required to review all applications for accuracy and determine the adequacy of information needed to make a decision. Crook County Code (C.C.C.) allows 30 days to determine whether the application is complete. If the Planning Division determines that your application is incomplete, you will be requested in writing or email to provide the necessary missing information, and a decision on your application will be postponed until the information is received. **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:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**PROPERTY INFORMATION:**

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_  
Size of property: \_\_\_\_\_ acres Zone: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
Subdivision name, if applicable: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

**FLOOD PLAIN:**

Is the subject property located within a Flood Plain Zone? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what zone: \_\_\_\_\_

**DETAILED EXPLANATION:** Explain the "existing" & "proposed" structures.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CROOK COUNTY COMMUNITY DEVELOPMENT - PLANNING DIVISION**

300 NE 3<sup>RD</sup> Street, Room 12, Prineville, OR 97754

Phone: (541) 447-3211 Ext. 1 - Fax: (541) 416-2139 - [www.co.crook.or.us](http://www.co.crook.or.us) - [plan@co.crook.or.us](mailto:plan@co.crook.or.us)

Z:planning/planning/applications/site plan reviews/site plan review – residential & accessory bldgs.

**PROPOSED RESIDENCE REQUEST:**

Is this request for a "NEW" or "REPLACEMENT" dwelling? (Circle one)

Is this request for a "Site Built Dwelling?" Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the square footage?:

Dwelling/habitable: 1<sup>st</sup> floor \_\_\_\_\_ sq. ft. and 2<sup>nd</sup> floor \_\_\_\_\_ sq. ft.

Attached garage: 1<sup>st</sup> floor \_\_\_\_\_ sq. ft. and 2<sup>nd</sup> floor \_\_\_\_\_ sq. ft.

Number of stories: \_\_\_\_\_ Height: \_\_\_\_\_ (to the peak)

Is this request for a "Manufactured Dwelling?" Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Double-wide: \_\_\_\_\_ Triple-wide: \_\_\_\_\_ (check one)

(The manufactured dwelling shall be at least July 1, 1976 or newer, double-wide or triple-wide)

- ❖ Manufactured Dwelling shall be used solely for the purpose of a residential dwelling. Use of a manufactured dwelling for storage is PROHIBITED.

Property Owner Initials \_\_\_\_\_

**Will an "RV" be used as a "TEMPORARY" dwelling during the construction of the proposed dwelling?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**REPLACEMENT DWELLING:**

If replacing an "EXISTING" dwelling, please answer the following:

Is it a "Site Built" or a "Manufactured dwelling?" (Circle one)

What year was the dwelling "LAWFULLY" established on the property?

Year: \_\_\_\_\_ Planning Approval No. \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Will the structure be demolished on-site? Yes \_\_\_\_\_ No \_\_\_\_\_ When: \_\_\_\_\_ (Date)

**(To ensure the safety for all, a Demo Permit is required to ensure septic, water & electricity are capped)**

If removing a manufactured dwelling, please complete the following:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Single-wide: \_\_\_\_\_ Double-wide: \_\_\_\_\_ Triple-wide: \_\_\_\_\_

If moving the dwelling to another lot/parcel within Crook County, what is the:

Address: \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax lot \_\_\_\_\_

If moving the dwelling out of Crook County, where will it be re-located: (Address)

- ❖ If the existing residence is a "Manufactured Dwelling," as required by Chapter 18.132 of The Crook County Code, the Manufactured Dwelling must be removed from the property within 30 days of receiving a final inspection on the replacement dwelling.

Property Owner Initials \_\_\_\_\_

**DEMO PERMIT**

If the "Existing" dwelling is to be **REMOVED, DEMOLISHED** on site, or was **BURNED DOWN**, a "DEMO PERMIT" is required. If the existing DWELLING burned down, as part of your Demo Permit, you'll need a copy of the report from the Crook County Fire & Rescue. **FEE \$75**

**ACCESSORY BUILDINGS:**

List all proposed accessory structures. If adding more than two (2) structures, add a separate piece of paper with information.

**Proposed Accessory #1**

Size: 1<sup>st</sup> floor \_\_\_\_\_ sq. ft. and 2<sup>nd</sup> floor \_\_\_\_\_ sq. ft.  
Height: \_\_\_\_\_ ft. to eave    Number of stories: \_\_\_\_\_  
Personal use: Yes \_\_\_\_\_ No \_\_\_\_\_    Commercial Use: Yes \_\_\_\_\_ No \_\_\_\_\_  
Is this an addition to an existing accessory structure: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the existing accessory structure size: \_\_\_\_\_ sq. ft.

**Proposed Accessory #2**

Size: 1<sup>st</sup> floor \_\_\_\_\_ sq. ft. and 2<sup>nd</sup> floor \_\_\_\_\_ sq. ft.  
Height: \_\_\_\_\_ ft. to eave    Number of stories: \_\_\_\_\_  
Personal use: Yes \_\_\_\_\_ No \_\_\_\_\_    Commercial Use: Yes \_\_\_\_\_ No \_\_\_\_\_  
Is this an addition to an existing accessory structure: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the existing accessory structure size: \_\_\_\_\_ sq. ft.

**ON-SITE SEPTIC – WASTEWATER:** (Please submit the following information)

- \_\_\_\_\_ Copy of Approved Soil Site Evaluation
- \_\_\_\_\_ Copy of Approved Authorization Notice

**DOMESTIC WATER:** (Water will be supplied by: **Check One Only**)

- \_\_\_\_\_ An existing individual well
- \_\_\_\_\_ A proposed individual well
- \_\_\_\_\_ Shared Well (Number of dwellings sharing one well: \_\_\_\_\_)  
(If shared well, indicate the location of well and other property locations on the plot plan/site plan, including Tax Map numbers, as well a copy of a "Recorded Shared Well Agreement." A shared well is 3 or less dwelling on one well; unregulated system.)
- \_\_\_\_\_ Other: (Please explain) \_\_\_\_\_
- \_\_\_\_\_ Community Water System: Name: \_\_\_\_\_ PWS# \_\_\_\_\_  
**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ACCESS / ROAD APPROACH:**

- Indicate the type of access used to the subject property (**Check One Only**)
- \_\_\_\_\_ **County Maintained Road:** (Must submit copy of approved access, or apply for approach permit)
  - \_\_\_\_\_ **Public Road:** (Must submit copy of approved access, or apply for approach permit)
  - \_\_\_\_\_ **Private Road / Easement:** (Provide legal recorded documentation)
  - \_\_\_\_\_ **ODOT:** (An approved ODOT permit must be attached)
  - \_\_\_\_\_ **City Street:** Need authorization for access. (Contact City of Prineville – Public Works)

**IRRIGATION WATER RIGHT:**

Please indicate the location of all existing water rights, number of acres, and proposed division of water rights, if applicable. This application must be signed off *prior* to submitting to Planning Department. **\*\*Please allow up to 2 weeks for review from Irrigation District or Water Resources Department\*\*** If no irrigation, please answer “no” at 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
- \_\_\_\_ OR. 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 irrigation water right acres: \_\_\_\_\_ acres
- C) Amount of irrigation water rights to be transferred: \_\_\_\_\_ acres
- D) Are there irrigation ditches and/or underground pipelines that run through the property?  
Yes \_\_\_\_ No \_\_\_\_
- E) Is there a distribution point for irrigation located on the subject property?  
Yes \_\_\_\_ No \_\_\_\_

**WATER MASTER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Print Name Clearly: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**IRRIGATION DISTRICT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Print Name Clearly: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

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

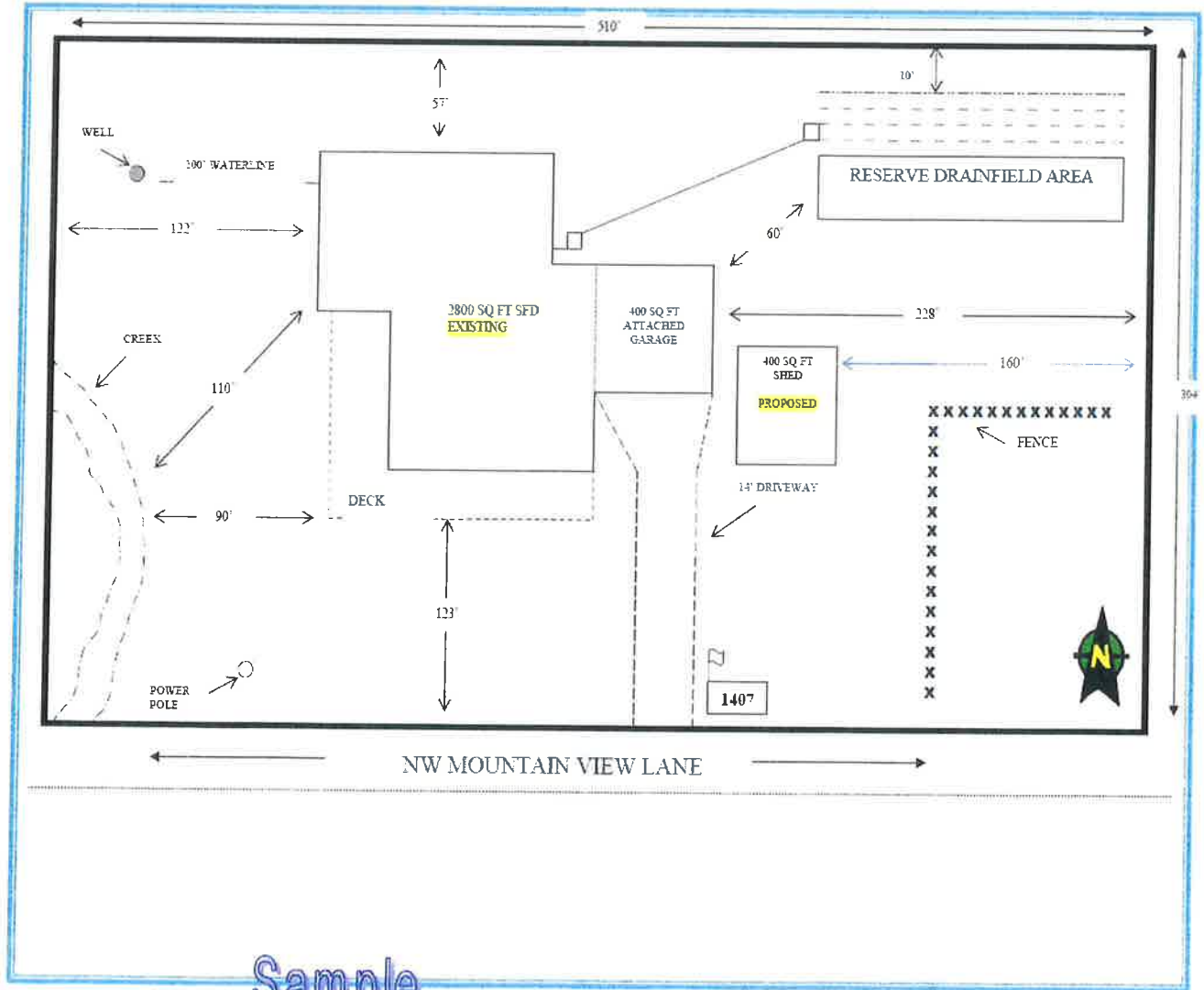
PRINT OWNER NAME CLEARLY: \_\_\_\_\_ Date: \_\_\_\_\_  
PROPERTY OWNER SIGNATURE: \_\_\_\_\_

PRINT AGENT/REPRESENTATIVE CLEARLY: \_\_\_\_\_ Date: \_\_\_\_\_  
AGENT/REPRESENTATIVE SIGNATURE: \_\_\_\_\_

**PLOT PLAN REQUIREMENTS**

"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/SITE PLAN" MUST INCLUDE THE FOLLOWING:

- NORTH ARROW.
- DIMENSIONS AND BOUNDARIES OF THE PROPERTY.
- LOCATION & WIDTH OF ALL EASEMENTS OR RIGHT-OF WAYS.
- 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.
- NAMES AND LOCATIONS OF ALL ROADS ADJACENT TO THE PROPERTY.
- 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.
- LOCATION OF DRIVEWAYS OR OTHER ROADS ON THE PROPERTY, EXISTING AND PROPOSED.
- DISTANCE (SETBACKS) FROM ALL STRUCTURES TO ALL PROPERTY LINES.
- LOCATION OF ALL MAJOR FEATURES (CANALS, IRRIGATION DITCHES, RIMROCK, ROCK LEDGES, ETC)
- INDICATE LOCATION OF ALL "EXISTING" AND "PROPOSED" STRUCTURES: DWELLINGS, GARAGE, SHOPS, LEAN-TO, BARNs, ETC. INDICATE ON THE PLOT PLAN IF EXISTING OR PROPOSED WITH DIMENSION SIZE.



Sample

- NOT TO SCALE -



# SITE PLAN

A large grid of graph paper, consisting of approximately 30 columns and 40 rows of small squares, intended for drawing a site plan.



# City / County

## ADDRESS APPLICATION

CROOK COUNTY COMMUNITY DEVELOPMENT  
 300 NE 3RD ST. RM 12 PRINEVILLE, OR 97754  
 PH: (541) 447-3211 FAX: (541) 416-2139  
 bld@co.crook.or.us

Application Submittal Date Stamp  
 FOR OFFICE USE ONLY

**CITY AND/OR COUNTY PLANNING APPROVAL IS REQUIRED PRIOR TO ISSUANCE. APPROVAL OF THIS APPLICATION AND ISSUANCE OF AN ADDRESS IN NO WAY REPRESENTS CROOK COUNTY'S OPINION ABOUT THE STATUS OF LEGAL ACCESS TO THE SUBJECT PROPERTY. APPLICANTS ARE ENCOURAGED TO INVESTIGATE THE TITLE AND LEGAL ACCESS RIGHTS TO THE PROPERTY AT THEIR EXPENSE.**

### Site Information

Tax Map #: \_\_\_\_\_ ( ) CITY ( ) COUNTY

Subdivision Name: \_\_\_\_\_ Phase: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

This request is for: ( ) NEW ADDRESS ( ) ADDRESS CHANGE ( ) OTHER

If request is for an address change, please explain why: \_\_\_\_\_

Is there currently a dwelling on this property? Yes ( ) No ( ) If yes, how many? \_\_\_\_\_

If yes, what is the address of the existing dwelling(s)? \_\_\_\_\_

Is this for a Medical Hardship? Yes ( ) No ( ) Is this for an accessory farm dwelling? Yes ( ) No ( )

What is the use of the structure for this address? (home, barn, shop commercial etc.) \_\_\_\_\_

Is this a corner lot? Yes ( ) No ( ) Is the access to your property directly off of a named road? Yes ( ) No ( )

Is the access to your property through an easement? Yes ( ) No ( ) Name of easement? \_\_\_\_\_

### Additional Property Information

### Owner / Applicant Information

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's Name (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### For Office Use Only

Fees	Office Use	Initial	Date
No. of Addresses Issued X \$110.00 =	Agencies Notified:		
No. of Fire Markers Issued X \$25.00 =	Road Modification:		
Date Paid: _____ Total Amount Due: _____	GIS Changes:		
( ) Check ( ) Cash ( ) CC	E911 (new range):		
Office Use Assigned by: _____ Date: _____	Planning Approval #:		
New Address _____	Comments:		
Postal District: _____			

**SITE PLAN PAGE MUST BE COMPLETED FOR THIS APPLICATION TO BE ACCEPTED**



# 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: \_\_\_\_\_