



Crook County Community Department Planning Division

300 NE 3rd Street, Room 12

Prineville Oregon 97754

Phone: 541-447-8156 / Fax: 541-416-3905

Subdivisions and Planned Unit Developments

(Incomplete applications will not be accepted)

RECORD NUMBER: 217-_____ - _____ -PLNG

FEE: \$2000 + \$200 per lot

NAME CHANGE FEE: \$500 each change

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: _____

Day-time phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

AGENT/REPRESENTATIVE

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Email: _____

PROPERTY LOCATION

Township ____ South, Range ____ East WM, Section _____, Tax lot _____

Township ____ South, Range ____ East WM, Section _____, Tax lot _____

Township ____ South, Range ____ East WM, Section _____, Tax lot _____

Township ____ South, Range ____ East WM, Section _____, Tax lot _____

(Add a sheet of paper if needed)

DEVELOPER'S NAME

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Email: _____ CCB # _____

ENGINEER OR SURVEYOR

Firm Name: _____ Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (____) _____ - _____ Cell phone: (____) _____ - _____

MORTGAGEE, if applicable

Firm Name: _____ Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day-time phone: (____) _____ - _____

Size of Property: _____ acres Zoning: _____

Physical Address: _____

PROPOSED SUBDIVISION

IMPORTANT: Per 17.12.030 - The Subdivision Committee is required to review & examine all "tentative" subdivision plans and make recommendations to the Planning Commission prior to submitting this application.

Per Crook County Code (CCC) Title 17, the Crook County Planning Director shall schedule a meeting with the Subdivision Review Committee.

Subdivision Committee Review Date: _____

Proposed Number of Lots: _____

Proposed Number of Phases: _____

Proposed Name of Subdivision: _____

(All proposed subdivision names and road names must receive "tentative" approval by the Crook County Addressing Manager prior to submittal of this application.)

See Crook County Code (CCC) Title 17 ~ 17.12.060 for Subdivision Committee Review for applicable criteria.

Check Only One:

Outline Development Plan

Tentative Plan

Adequacy of Public Services, Water and Site Safety

Road access, fire and police services and utility systems (i.e. electrical and telephone) are adequate for the use.

Describe what access the property has to public roads. Describe the number of trips per day you believe would be made by residents of the proposed subdivision or planned unit development. Each house represents 4 trips per day by residents (PADT - Potential Average Daily Traffic). If other usage or traffic is expected, make sure to include this information within this statement. (Use a separate sheet of paper if needed)

To help County staff make a proper determination of traffic impact, please list the number of lots or uses currently taking primary access from the road. (For example, 10 residences, 2 businesses, etc.)

Number of residences: _____

Number of businesses: _____

The subject road is a:

_____ State Highway _____ County Maintained Road

_____ Public Road, not maintained by the county (*)

_____ Private Road (*)

NOTE: (*) If it s public or private road, submit recorded easement that shows access to and across the subject property to public roads. In addition, submit a drawing showing the recorded right-of-way widths across the private portion of road to the subject property.

The subject road is designated as a:

State Highway Arterial
 Collector Local
 Partition Road Easement Road
 Other: _____

What is the width of the proposed roadway right-of-way:
_____ feet

Do you currently have a "Road Maintenance Agreement" for the subject road?
Yes No

If yes, provide a copy of a recorded road maintenance agreement.

If no, why not?

Describe what your source of domestic drinking water.

Describe how fire protection will be provided to the property. If the subject property is located outside of the Crook County Fire Department Fire Protection District indicate how you would provide protection, including water source and fire prevention.

IRRIGATION WATER RIGHT

This section needs to be completed and signed by the appropriate irrigation district and/or water resources department.

If the property has irrigation water rights, who is the supplier:

- Central Oregon Irrigation District
- Ochoco Irrigation District
- Water Resources Department
- Other: _____

Does the property have irrigation water right? Yes ___ No ___.

If yes, a sign-off from State Watermaster and/or the relevant irrigation district is required?

If yes, what is the amount of acres of irrigation water right? _____ acres.

Amount of water right acres to be transferred? _____

Is there an irrigation ditch and/or an underground pipeline that runs through the property? Yes ___ No ___

Is there a distribution point for irrigation located on the property? Yes ___ No ___

Does the property have of in-stream and/or agriculture well state? If so, please explain under comments.

Watermaster Signature: _____ **Date:** _____

Print name: _____

Irrigation District Signature: _____ **Date:** _____

Print name: _____

(Use a separate sheet of paper if necessary)

COMMENTS: _____

WILDLIFE WINTER RANGE / SENSITIVE BIRD HABITAT

When the lot or parcel on which the non-farm dwelling will be sited lies within an area designated in an acknowledged comprehensive plan as habitat for big game, the siting of the dwelling must be consistent with the limitations on density upon which the acknowledged comprehensive plan and land use regulations intended to protect the habitat are based.

This section needs to be completed and signed by Oregon Department of Fish & Wildlife.

Is the subject property located within a "Winter Wildlife" overlay zone?
Yes ___ No ___

If yes, please check the appropriate box(s):

- ___ Critical Deer Winter Range
- ___ General Deer Winter Range
- ___ Elk Winter Range
- ___ Antelope Winter Range

Is the property located in within a "Sensitive Bird Habitat" overlay zone?
Yes ___ No ___

If yes, which area: Nest ___ Roust ___ Type ___

ODF&W Signature: _____ Date: _____

Print Name: _____ Day-time Phone: _____

Comments:

(Use a separate sheet of paper if needed)

WEED CONTROL

This section needs to be completed and signed by the Weed Master.

Weed Master Signature: _____ Date: _____

Print Name: _____ Day-time Phone: _____

Comments:

(Use a separate sheet of paper if needed)

SIGNATURES

I agree to meet the standards governing the laws for Subdivision and PUD's 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** _____

Property Owner Signature: _____ **Date** _____

Print name(S): _____

Agent/Representative Signature: _____ **Date** _____

Print name: _____

(Note: If agent/representative is submitting your application on behalf of the property owner, the "Letter or Authorization" form must be completed and attached to this application)

APPLICATION REQUIREMENTS

1. A completed "Subdivision and PUD" application form with the appropriate signatures.
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.)
4. Submit the correct application fee.
5. A Preliminary Title Report or Subdivision Guarantee for documentation of ownership. (Must be 6 months or newer from the filing date.)
6. Signature and comments from Oregon Department of Fish & Wildlife regarding Wildlife Winter Range and Sensitive Bird Habitat.
7. Signature and comments from Crook County Weed Master.
8. A signed copy of a "Statement of Understanding" (Form B).

9. A copy of the irrigation map for the area and historical water rights information on the subject property. (Available from the Irrigation District.)
10. A letter from the electric utility serving the area affirming the ability to serve the proposed dwelling.
11. A letter from any other appropriate utilities affirming their ability to serve the proposed dwelling; i.e. phone, gas, cable, etc.
12. A letter from the Fire District or other entity affirming that the district or entity is able to serve the proposed dwelling. If you are not in a fire protection district, provide a fire protection plan including water source and fire prevention.
13. A letter from the supplier of your domestic drinking water affirming the supplier's ability to provide water.
14. Where a tract of land is within the boundaries of an irrigation district, application 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.
15. An approved Road Access Permit (Permanent and Temporary) for the proposed subdivision or planned unit development. (Applications for state, county maintained or public roads can be picked up from the county planning department) (If utilizing a private easement provide a copy of a recorded document).
16. Fifteen (15) copies of the tentative plan. If submitting color maps as part of your burden of proof please submit 15 copies of each color map.
17. 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.
18. Plot Plan that includes north point, scale and date of map, and property identification by tax lot, section, township and range.
19. Statement regarding past, present and intended use of the parcel(s) to be created, or the use for which the parcel(s) are to be offered.

20. A written "Burden of proof" statement stating how all of the applicable county code requirements will be satisfied by the subdivision or planned unit development.
21. A "Sign" application if proposing to place a sign with the name of the subdivision at the entrance of the proposed subdivision.
22. Written documentation by the Addressing Manager giving "Tentative" approval of the proposed development, including road(s) names.
23. If the subject property is located within a Flood plain or Flood way, submit the required "Flood Hazard" application. In addition, the necessary information as required by Chapter 15.08 for Flood Damage Prevention in the Crook County Code

SUPPLEMENTAL INFORMATION

Subdivisions and Planned Unit Developments: Subdivisions involve the creation of four (4) or more lots in a calendar year. Subdivisions and PUD's 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. **NO** road improvements shall be made without **APPROVED** Road Construction Plans.

Special Note: All proposed lots or parcels must have a direct frontage (a minimum of 60 feet) on a street, other than an alley, as required by Title 18, Chapter 18.124, Section 18.124.010.

APPLICABLE CRITERIA

Any person proposing a subdivision within Crook County, or his authorized agent or representative, shall include with an application for a subdivision either an "**Outline Development Plan**" as described in CCC 17.16.030 **OR** a "**Tentative plan**" as set forth in CCC 17.16.040 through 17.16.080 for the proposed subdivision together with improvement plans and other supplementary material as may be required, and shall submit 15 copies of said plan together with all required accompanying material to the planning department. An "Outline Development Plan" or "Tentative Plan" for a

subdivision shall be accompanied by an application for a subdivision as provided by the planning department, together with the appropriate fee.

Other applicable criteria: Make sure to use the correct standards. The County web site is www.co.crook.or.us - click on Crook County Code

- A. Title 17, Chapter 17.12 - General Requirements & Subdivision Review Committee.
- B. Title 17, Chapter 17.16 - Tentative Plans
- C. Title 17, Chapter 17.20 - Final Plat
- D. Title 17, Chapter 17.28 - Planned Unit Development, if applicable
- E. Title 17, Chapter 17.36 - Road Designs
- F. Title 17, Chapter 17.36 - Improvements
- G. Title 17, Chapter 17.56 - County Roads
- H. Title 17, Chapter 17.60 - Fees
- I. Crook County Transportation Plan

In addition, the zoning criterion is also applicable; i.e., R5, RRM5, RR1, SR1, SRM1, and R10. Also, Chapter 18.124 - Supplementary Provisions (i.e., Access, Clear vision, Sign limitations & regulations, Rimrock setback, Riparian protection, etc)

ADDITIONAL INFORMATION OR ANALYSIS ADDRESSING THE CRITERIA

Please feel free to attach additional information or analysis which you believe demonstrates compliance with the requirements of subdivision or planned unit developments AND the county code requirements.



Community Development Department

300 NE 3rd Street, Prineville, OR 97754

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

Email: plan@co.crook.or.us / Website: 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: _____