

Permit No. _____
Fee: \$1496.00
(incls., \$850 to Planning, \$450 to Road, \$60 to GIS, \$136 to Compliance)



Crook County Planning Department
300 NE 3rd Street, Room 12, Prineville Oregon 97754
Phone: 541-447-8156 / Fax: 541-416-3905

Road Vacation Application

Notice to all Applicant's

*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.*

Owner(s) name: _____

Owners mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____

Agent or Representative name: _____

Agent or Representative mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____

1. Name of road to be vacated: _____

2. Explain why you're requesting for the road vacation: _____

3. What is the beginning point and terminus point: _____

4. List all properties affected by the vacation of this road: (Township, Range, Section, and tax lot number). (Add an additional sheet of paper if needed).

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.

5. Enclose a copy of a vicinity map(s).

I AGREE TO MEET THE STANDARDS GOVERNING LANDS AS OUTLINED IN THE CROOK COUNTY ZONING ORDINANCE, AND THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Owner(s) Signature: _____ Date: _____

Agent or Representative Signature: _____ Date: _____

NOTE: If the owner is unable to sign the application, it is required that a signed letter from the **owner** authorizing the agent or representative (if different than the owner), to submit this application on their behalf.

Return or Mail Application to: Crook County Planning Department, 300 N.E. Third Street, Room 11, Prineville, OR 97754 / **Questions:** call (541) 447-8156

Make **Checks** payable to: Crook County

(Office use only)

Application received: _____

Application deemed complete: _____, by _____