



*For Office Use Only*  
RECORD No. 217 \_\_\_\_\_ - \_\_\_\_\_ PLNG

**Crook County Community Development  
Planning Division**  
300 NE 3<sup>rd</sup> Street, Room 12, Prineville Oregon 97754  
541-447-3211  
[plan@co.crook.or.us](mailto:plan@co.crook.or.us)  
[www.co.crook.or.us](http://www.co.crook.or.us)

## EXTENSION REQUEST

### 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 \_\_\_\_\_  
Size of property: \_\_\_\_\_ Acres Zoning: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
Subdivision name, if applicable: \_\_\_\_\_

Original Owner's Name on Application: \_\_\_\_\_  
Original Permit Number: \_\_\_\_\_  
Date of Expiration on Original Application: \_\_\_\_\_

**ORIGINAL APPLICATION TYPE:**

Crook County Ordinance No. 216 (An Ordinance Amending Titles 17 and 18 of the Crook County Code to Provide Extensions to Land Use Approvals and Declaring an Emergency). Approved by Crook County Court on September 16, 2009.

**Two year extension approval is allowed on the following:**

\_\_\_\_\_ Site Plan Review    \_\_\_\_\_ Conditional Use    \_\_\_\_\_ Land Partition    \_\_\_\_\_ Subdivision / PUD  
\_\_\_\_\_ Other (Please state): \_\_\_\_\_

**Six month approval is allowed on boundary line adjustments:**

\_\_\_\_\_ Boundary Line Adjustment

**COMMENTS/REASON FOR EXTENSION:**

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

**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.

## **SIGNATURES**

I agree to meet the standards governing the laws 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: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_

Agent/Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_



**Crook County Community Development**

300 NE 3rd Street, Prineville, OR 97754

Phone: (541) 447-3211 Fax: (541) 416-2139

Email: bld@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 in regards to this project.

Physical address of property: \_\_\_\_\_ and described in the records of  
CROOK COUNTY, Oregon as map/tax number: \_\_\_\_\_

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)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

eMail: \_\_\_\_\_

Individual     Corporation     Limited Liability Corporation     Trust

**IMPORTANT NOTE:** If the property is owned by an entity, include the names of all the authorized signers.

If a Corporation: Provide the name of the President, or other authorized signor (s).

If a LLC: Provide the names of ALL members and managers.

If a Trust: Provide the name of the current Trustee (s).

**In addition,** if you are a corporation, you will need to include a copy of the bylaws, an operating agreement if you are an LLC, or Certificate of Trust if you are a trust that verifies authority to sign on behalf of the entity

**APPROVED AGENT**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

eMail: \_\_\_\_\_