



|                              |      |
|------------------------------|------|
| RECORD No. 217 _____ - _____ | PLNG |
| RECORD No. 217 _____ - _____ | PLNG |
| RECORD No. 217 _____ - _____ | PLNG |
| 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)

## Measure 49 Land Partition and Site Plan Review

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

### ENGINEER AND/OR SURVEYOR

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 \_\_\_\_\_

Size of property: \_\_\_\_\_ acres                      Zoning: \_\_\_\_\_

Physical address: \_\_\_\_\_

**PROPOSED LAND PARTITION**

Total acreage of existing parcel: \_\_\_\_\_ Proposed Number of lots/parcels: \_\_\_\_\_

**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.

- 1. 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 land division.

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

The subject road is a:

- State Highway
- County Maintained Road
- Public Road, not maintained by the county (\*)
- Private Road (\*)

- 2. 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. (Use another sheet if necessary)

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

**PROPOSED RESIDENCE(S):**

Will you be replacing a dwelling? \_\_\_\_\_ How many? \_\_\_\_\_

**Site Review #1**

Site built \_\_\_\_\_ Manufactured \_\_\_\_\_ (check one)

Height of structure: \_\_\_\_\_ feet

Total square footage of proposed structure: \_\_\_\_\_

\*If a manufactured dwelling: Year and Model \_\_\_\_\_

Accessory Structure(s) \_\_\_\_\_

Size \_\_\_\_\_ Use \_\_\_\_\_

Is this an addition to an existing accessory structure: Yes \_\_\_ No \_\_\_

Existing structure size: \_\_\_\_\_ sq. ft. No. of stories \_\_\_\_\_

Size \_\_\_\_\_ Use \_\_\_\_\_

Is this an addition to an existing accessory structure: Yes \_\_\_ No \_\_\_

Existing structure size: \_\_\_\_\_ sq. ft. No. of stories \_\_\_\_\_

**Site Review #2**

Site built \_\_\_\_\_ Manufactured \_\_\_\_\_ (check one)

Height of structure: \_\_\_\_\_ feet

Total square footage of proposed structure: \_\_\_\_\_

\*If a manufactured dwelling: Year and Model \_\_\_\_\_

Accessory Structure(s) \_\_\_\_\_

Size \_\_\_\_\_ Use \_\_\_\_\_

Is this an addition to an existing accessory structure: Yes \_\_\_ No \_\_\_

Existing structure size: \_\_\_\_\_ sq. ft. No. of stories \_\_\_\_\_

Size \_\_\_\_\_ Use \_\_\_\_\_

Is this an addition to an existing accessory structure: Yes \_\_\_ No \_\_\_

Existing structure size: \_\_\_\_\_ sq. ft. No. of stories \_\_\_\_\_

**Site Review #3**

Site built \_\_\_\_\_ Manufactured \_\_\_\_\_ (check one)

Height of structure: \_\_\_\_\_ feet

Total square footage of proposed structure: \_\_\_\_\_

\*If a manufactured dwelling: Year and Model \_\_\_\_\_

Accessory Structure(s ) \_\_\_\_\_

Size \_\_\_\_\_ Use \_\_\_\_\_

Is this an addition to an existing accessory structure: Yes \_\_\_ No \_\_\_

Existing structure size: \_\_\_\_\_ sq. ft. No. of stories \_\_\_\_\_

Size \_\_\_\_\_ Use \_\_\_\_\_

Is this an addition to an existing accessory structure: Yes \_\_\_ No \_\_\_

Existing structure size: \_\_\_\_\_ sq. ft. No. of stories \_\_\_\_\_

**ENVIRONMENTAL HEALTH – SEPTIC DISPOSAL**

Copy of Site Evaluation: \_\_\_\_\_

Copy of Authorization Notice: \_\_\_\_\_

**IRRIGATION WATER RIGHT**

(A sign-off from State Watermaster and/or the relevant irrigation district is required, whether applicant HAS water rights or not)

Please indicate the location of all existing water rights, number of acres, and proposed division of water rights.

A. Does the property have irrigation water right? Yes \_\_\_\_\_ No \_\_\_\_\_.

Who is the supplier?

\_\_\_\_\_ Central Oregon Irrigation District - 541-548-6047

\_\_\_\_\_ Ochoco Irrigation District - 541-447-6449

\_\_\_\_\_ Water Resources Department - 541-306-6885

\_\_\_\_\_ People's Irrigation District - 541-447-7797

\_\_\_\_\_ Other: \_\_\_\_\_

B. If yes, what is the number of acres of irrigation water right? \_\_\_\_\_ acres.

C. Amount of water right acres to be transferred? \_\_\_\_\_

Parcel 1: \_\_\_\_\_ Parcel 2: \_\_\_\_\_ Parcel 3: \_\_\_\_\_

D. Is there an irrigation ditch and/or an underground pipeline that runs through the property?

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

E. Is there a distribution point for irrigation located on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

**Watermaster Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name Clearly:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Irrigation District Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name Clearly:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**DOMESTIC WATER**

Water will be supplied by: (check only one)

- An existing individual well
- A proposed individual well
- 4 to 14 dwellings on one well State regulated system.
- Shared well (Number of dwellings \_\_\_\_\_)

- If shared well, indicate the location of well and other property locations (Tax Map #), as well as a copy of a recorded "Shared Well Agreement." A "Shared Well" is 3 or less dwellings on one well un-regulated system.
- Other: Please explain \_\_\_\_\_
- Community Water System: Name \_\_\_\_\_
- PWS# \_\_\_\_\_

Community Water System Authorization

Print Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(or) a signed authorized letter must be attached to this application. No exceptions.

IMPORTANT NOTICE: 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. Within that 30-day period, the Planning Department will request additional information, if necessary. 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.

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

## **APPLICATION REQUIREMENTS / CHECK LIST**

1. A completed “Measure 49 Land Partition and Site Plan Review” application form with the appropriate signatures and fees.
2. A copy of the Vicinity Map(s) and Tax Lot Card(s) (available from the Crook County Assessor).
3. Plot Plan that shows distances (setbacks) from all structures to all property lines.
4. Plot Plan that includes north point, scale and date or map, and property identification by tax lot, section, township, and range.
5. A copy of the earliest deed or contract that describes the property in its current configuration (available from the Crook County Clerk’s Office).
6. A current Preliminary Title Report for documentation of ownership. (Note: The Preliminary Title Report shall be dated within 30-days of the submittal of the application to the planning department – No Exceptions)
7. A “Letter of Authorization” if using a representative or agent.
8. A letter from the electric utility serving the area affirming the ability to serve the proposed dwelling OR commercial buildings.
9. A letter from any other appropriate utilities affirming their ability to serve the proposed dwelling; i.e. phone, gas, cable, etc.
10. 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.
11. A letter from the supplier of your domestic drinking water affirming the supplier’s ability to provide water.
12. A Road Access Permit. (Applications for state, county maintained, and public roads can be picked up from Crook County Planning Department. If utilizing a private easement, provide recorded documents for said easement.)
13. One copy of the tentative plan.
14. Names and addresses of the landowner, 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.
15. Where a tract of land is within the boundaries of an irrigation district, 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.
16. A copy of the irrigation map for the area and historical water rights information on the subject property (available from the Irrigation District).
17. A written “Burden of proof” statement stating how all of the applicable county code requirements will be satisfied by the land partition. (Statement must meet Crook County criteria (see below) 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.)
18. If the subject property is located within a “Flood Plain and/or Flood Way” the appropriate “Flood Hazard” application is required.
19. Submit a copy of Site Evaluation Report (Crook County Environmental Health Office) for each proposed parcel without an existing residence or 20 acres or less, must be attached.

NOTE: No Road Construction may begin until the Road Plans and Drainage plans have been APPROVED by the Road Department and/or affiliate – If a Road Sign is required as part of this application, the property owner is required to receive “Tentative” approval for the “ROAD NAME” by the Crook County Addressing Manager within the Crook County Building Department – (541-447-3211).

## SUPPLEMENTAL INFORMATION

Partitions involve the creation of three (3) or fewer parcels in a calendar year.

Land Partitions 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.

Is a pre-application conference required? A pre-application conference is not required by Crook County Code, but it is recommended to ensure that a complete application is submitted, and that an applicant could be informed of the entire process.

Special Note: All proposed lots or parcels must have a direct frontage (a minimum of 50 feet) on a street, other than an alley, as required by Title 18, Chapter 18.124, Section 18.124.010.



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

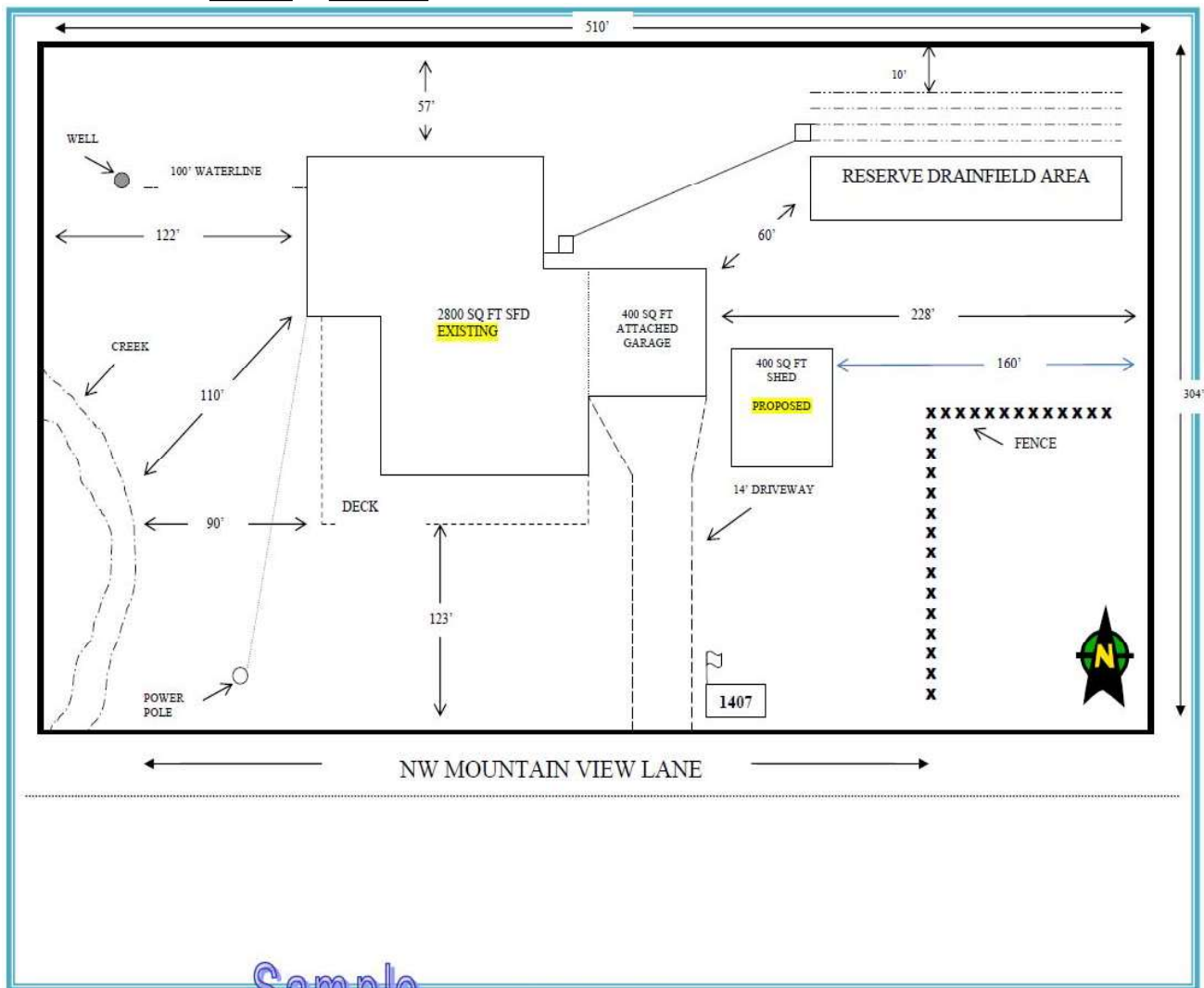
eMail: \_\_\_\_\_



**PLOT PLAN REQUIREMENTS**

“PLOT PLAN” MUST BE DRAWN ON AT LEAST 8 ½ X 11 PAPER, BUT NO LARGER THAN 8 ½ 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, BARN, ETC. INDICATE ON THE PLOT PLAN IF EXISTING OR PROPOSED WITH DIMENSION SIZE.

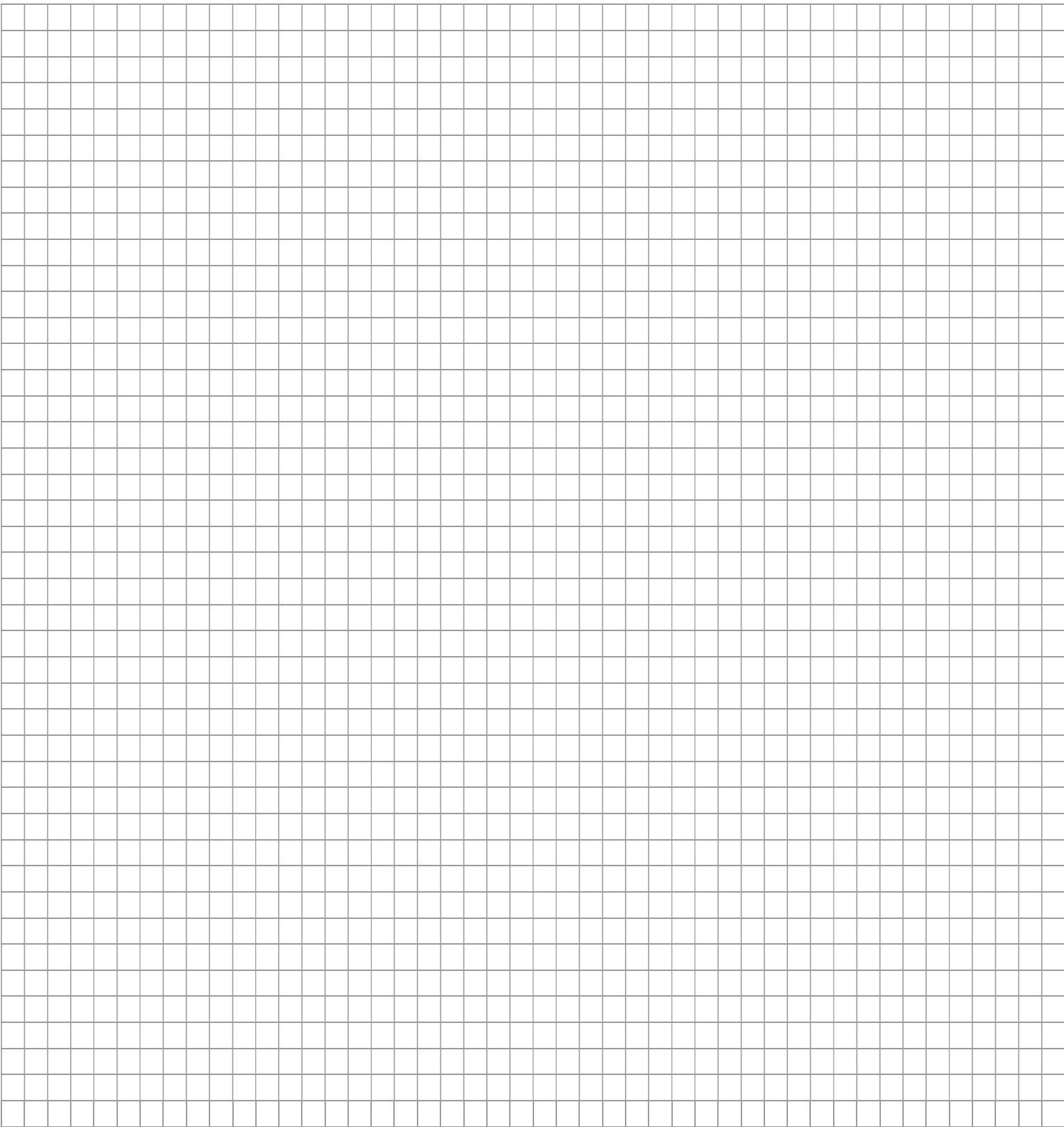


Sample

- NOT TO SCALE -



# 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**