



**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)

**REPLAT**

ORS 92.010(13) – A replat means the act of platting the lots, parcels and easements in a recorded subdivision or partition plat to achieve a reconfiguration of the existing subdivision or partition plat or to increase or decrease the number of lots in the subdivision.

**PROPERTY OWNER #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Day Time Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Township \_\_\_\_\_ South, Range \_\_\_\_\_ East WM, Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

Township \_\_\_\_\_ South, Range \_\_\_\_\_ East WM, Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

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

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

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

**PROPERTY OWNER #2 (If applicable)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Day Time Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Township \_\_\_\_\_ South, Range \_\_\_\_\_ East WM, Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

Township \_\_\_\_\_ South, Range \_\_\_\_\_ East WM, Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

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

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

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

**AGENT/REPRESENTATIVE: (If applicable)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Day Time Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**SURVEYOR OR ENGINEER:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Day Time Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**REQUEST:** Detailed explanation of your proposal. Please also state the intended use of the properties.

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

**PROPOSED AREA:**

	Parcel #1	Parcel #2	Parcel #3
Existing Property Size			
Proposed Property Size			

**DOMESTIC WATER**

Water will be supplied by:

\_\_\_\_ An existing or proposed individual well

\_\_\_\_ Shared well (more than three properties served by one well requires state approval).

\_\_\_\_ Other: Please explain \_\_\_\_\_

\_\_\_\_ Community Water System: Name \_\_\_\_\_

**Community Water System Authorization**

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

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

**ACCESS**

Please note: If a driveway or easement serves more than two (2) properties, the road will need to meet the design standards identified within Crook County Code, Chapter 17.36 Design Standards. Please coordinate with staff prior to submitting an application to determine if the road standards will need to be reviewed concurrently.

What kind of access will serve the proposed properties?

County\_\_\_\_ Public\_\_\_\_ Private\_\_\_\_ State (ODOT) \_\_\_\_\_

Road Approach Permit Number(s): \_\_\_\_\_

**ONSITE SEPTIC - WASTEWATER**

Will the properties be served by a public or private wastewater provider? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, skip to Fire Protection)

Soil/Site Evaluation Crook County File: \_\_\_\_\_

On-Site Authorization: \_\_\_\_\_

**FIRE PROTECTION**

Is the property provided fire protection by Crook County Fire & Rescue? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, and the proposed access will not serve more than two (2) properties, please provide written approval from Crook County Fire and Rescue. If no, please provide information on the ability to provide fire suppression, including water source, and fire prevention methods.

**FLOOD HAZARD**

Are there any areas of special flood hazards located on the proposed parcels? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes and the proposed parcels are not located in a resource zone, the tentative plan will need to illustrate that the proposed parcels can be developed for their intended purpose without effect.

**IRRIGATION WATER**

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

If the property has irrigation water rights, 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: \_\_\_\_\_

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

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

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

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

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

**PLEASE NOTE:** Before this application will be processed, you must supply all requested information and forms, and address all listed or referenced criteria. Pursuant to ORS 215.428, this office will review the application for completeness and notify Applicant of any deficiencies within 30 days of submission.

**PROPERTY OWNER SIGNATURES**

By signing below, I/WE agree to meet the standards governing the laws for “REPLAT” 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: \_\_\_\_\_

## **APPLICABLE CODE CRITERIA**

The proposed replat must meet the applicable criterion within the Crook County Code. Please review the code sections identified below to ensure the criterion is met. You can view the Crook County Code at <https://www.codepublishing.com/OR/CrookCounty>, or copies can be requested in person at the Crook County Community Development Department.

Crook County Code

- Title 17 Subdivisions
  - Chapter 17.24 Land Partitions
- Title 18 Zoning
  - View the applicable development standards for the underlying property zoning.
  - Chapter 18.124 Supplementary Provisions
- Oregon Revised Statutes 92.185 Reconfiguration of lots or parcels and public easements; vacation; notice, utility easements.

## **APPLICATION REQUIREMENTS**

- A completed “REPLAT” application form with the appropriate signatures, contact information & fees. All owners must complete ownership information with signatures.
- The most recent Tax Map for all subject properties.
- Copy of the most recent recorded Warranty Deed(s) for all subject properties.
- Statement of Record Title Report (dated no more than 30 days prior to application).
- A completed “Authorization Notice” if using a representative or agent.
- A Tentative Plan map provided by a surveyor depicting the following:
  - a. A vicinity map locating the proposed replat in relation to adjacent subdivisions, roadways and adjoining land use and ownership patterns.
  - b. A plan of the proposed replat showing tract boundaries and dimensions, the area of each tract or parcel, and the names, right-of-way widths, and improvement standards of existing roads.
  - c. Names and addresses of the landowner, their agent, 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.
  - d. Location of water supply
  - e. A statement regarding contemplated sewage disposal, solid waste disposal. If a municipal system, please illustrate the location on the tentative plan. If an individual septic system, please list the authorization numbers with the statement on the face of the tentative plan.
  - f. North point, scale and date of map, and property identification by tax lot, section, township and range.
  - g. Where a tract of land is within the boundaries of an irrigation district, an application for a replat 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.
  - h. Legal access to the proposed parcels.
  - i. Location of any existing or proposed utilities.



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