

| | For Office Use Only |
|----------------|---------------------|
| RECORD No. 217 | ·PLNG |

Crook County Community Development Planning Division

300 NE 3rd Street, Room 12, Prineville Oregon 97754 541-447-3211 <u>plan@co.crook.or.us</u> www.co.crook.or.us

Road Vacation Application

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 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: | | Zip: |
| Daytime phone: () | Cell Phone: () | |
| Agent or Representative name: | | |
| Agent or Representative mailing add | ress: | |
| City: | State: | Zip: |
| Daytime phone: () | Cell Phone: () | |
| Name of road to be vacated: Explain why you're requestin | | |
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| 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). | | |
| COU | REE TO MEET THE STANDARDS GOVERNIN NTY ZONING ORDINANCE, AND THAT ALL T ICATION IS TRUE TO THE BEST OF MY KNOW | HE INFORMATION CONTAINED IN THIS | |
| Owne | er(s) Signature: | Date: | |
| Agen | t or Representative Signature: | Date: | |
| from | E: If the owner is unable to sign the applicat the owner authorizing the agent or represent this application on their behalf. | • | |
| | rn or Mail Application to: Crook County Plan n 11, Prineville, OR 97754 / Questions: call (! | = - | |

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