



**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)

## **SITE PLAN REVIEW – ACCESSORY STRUCTURE**

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

### **FLOOD ZONE**

Is the property located within a Flood Zone? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, submit a “Special Flood Hazard Area Development Permit”.

## **Accessory Structure #1**

Is this structure **Existing** or **Proposed**? (Circle one)

Building Use: \_\_\_\_\_

Size: 1st floor \_\_\_\_\_ sq. ft. and 2nd floor \_\_\_\_\_ sq. ft.

Height: \_\_\_\_\_ ft. to eave    Number of stories: \_\_\_\_\_

Personal use: Yes \_\_\_\_\_ No \_\_\_\_\_    Commercial Use: Yes \_\_\_\_\_ No \_\_\_\_\_

Is this structure a **cargo container**? Yes \_\_\_\_\_ No \_\_\_\_\_

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

If yes, what is the existing accessory structure size: \_\_\_\_\_ sq. ft.

If you answer yes to any of the following, a floor plan of the structure will be required at submittal.

Will there be:

Bedrooms? Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing? Yes \_\_\_\_\_ No \_\_\_\_\_

Electrical? Yes \_\_\_\_\_ No \_\_\_\_\_

Mechanical? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Accessory Structure #2**

Is this structure **Existing** or **Proposed**? (Circle one)

Building Use: \_\_\_\_\_

Size: 1st floor \_\_\_\_\_ sq. ft. and 2nd floor \_\_\_\_\_ sq. ft.

Height: \_\_\_\_\_ ft. to eave    Number of stories: \_\_\_\_\_

Personal use: Yes \_\_\_\_\_ No \_\_\_\_\_    Commercial Use: Yes \_\_\_\_\_ No \_\_\_\_\_

Is this structure a **cargo container**? Yes \_\_\_\_\_ No \_\_\_\_\_

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

If yes, what is the existing accessory structure size: \_\_\_\_\_ sq. ft.

If you answer yes to any of the following, a floor plan of the structure will be required at submittal.

Will there be:

Bedrooms? Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing? Yes \_\_\_\_\_ No \_\_\_\_\_

Electrical? Yes \_\_\_\_\_ No \_\_\_\_\_

Mechanical? Yes \_\_\_\_\_ No \_\_\_\_\_

**If there are more than 2 structures, please attach an additional page.**

**Primary Land Use Application Approval #:** \_\_\_\_\_

**ON-SITE SEPTIC – WASTEWATER:** Will there be a bedroom? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Approved Soil Site Evaluation # \_\_\_\_\_

\_\_\_\_\_ Existing system permit # \_\_\_\_\_

**CARGO CONTAINER:** Will a Cargo Container be used as an Accessory Structure or used as part of the building material? Yes \_\_\_\_\_ No \_\_\_\_\_

**DOMESTIC WATER** Will the structure have water? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, water will be supplied by:

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

\_\_\_\_\_ 4 to 14 dwellings on one well State regulated system

\_\_\_\_\_ Shared well (Number of dwellings \_\_\_\_\_)

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

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

**Community Water System Authorization**

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

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

**If applying for structural exemption related to agriculture:**

Is the parcel at least 80 acres in size and zoned Exclusive Farm Use?

**OR**

Is the parcel currently used for "farm use"?

**AND**

Can the applicant/owner prove that the land is currently employed in a farm use and that such use has produced at least \$40,000 in gross annual income in at least 2 of the previous 5 years? (Please include documentation.)

Please describe the existing farm activities and/or use of structure:

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**If applying for structural exemption related to equine:**

Will the structure be used for stabling or training equines, including but not limited to providing riding lessons, training clinics and schooling shows?

**OR**

Storage of hay?

**Access / Road Approach:** Indicate the access used for the subject property (**Check One Only**)

\_\_\_\_\_ **County Maintained Road:** (submit copy of approved access, or apply for approach permit)

\_\_\_\_\_ **Public Road:** (submit copy of approved access, or apply for approach permit)

\_\_\_\_\_ **Private Road / Easement:** (provide legal recorded documentation)

\_\_\_\_\_ **Oregon Department of Transportation:** (submit copy of approved ODOT permit)

\_\_\_\_\_ **City Street:** (need authorization for access: contact City of Prineville, Public Works)

**IRRIGATION WATER RIGHT:**

Please indicate the location of all existing water rights, number of acres, and proposed division of water rights, if applicable. This application must be signed off prior to submitting to Planning Department.

A) Does the property have Irrigation Water Right? Yes \_\_\_\_\_ No \_\_\_\_\_

**WATER MASTER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**IRRIGATION DISTRICT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_

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

**CONDITIONS OF APPROVAL:**

1. All necessary building permits must be obtained from the Crook County Community Development Department.
2. The proposed structure shall be placed as indicated on plot plan.
3. The property owner is responsible for verifying property lines.
4. The proposed structure shall not be used for any type of commercial use unless approved by the Planning Commission.
5. There shall be only 1 dwelling on the property, unless approved by the Planning Department.
6. This permit/approval does not consider any CCR's on private property. Enforcement is the responsibility of the property owner affected by any CCR's for private contract rights that this property may be subject to.
7. The applicants shall meet all conditions of this approval within two (2) years from the date this decision became final, or this approval shall be void. Expires: \_\_\_\_\_
8. Minimum Setbacks: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planning Official Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emailed Owner/Agent: \_\_\_\_\_

Title: \_\_\_\_\_

Emailed CC Depts.: \_\_\_\_\_

Date: \_\_\_\_\_

Scanned: \_\_\_\_\_

**SUPPLEMENTAL INFORMATION 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. The County has 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.

Please make sure your application is complete. The burden of proof lies with the applicant.



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

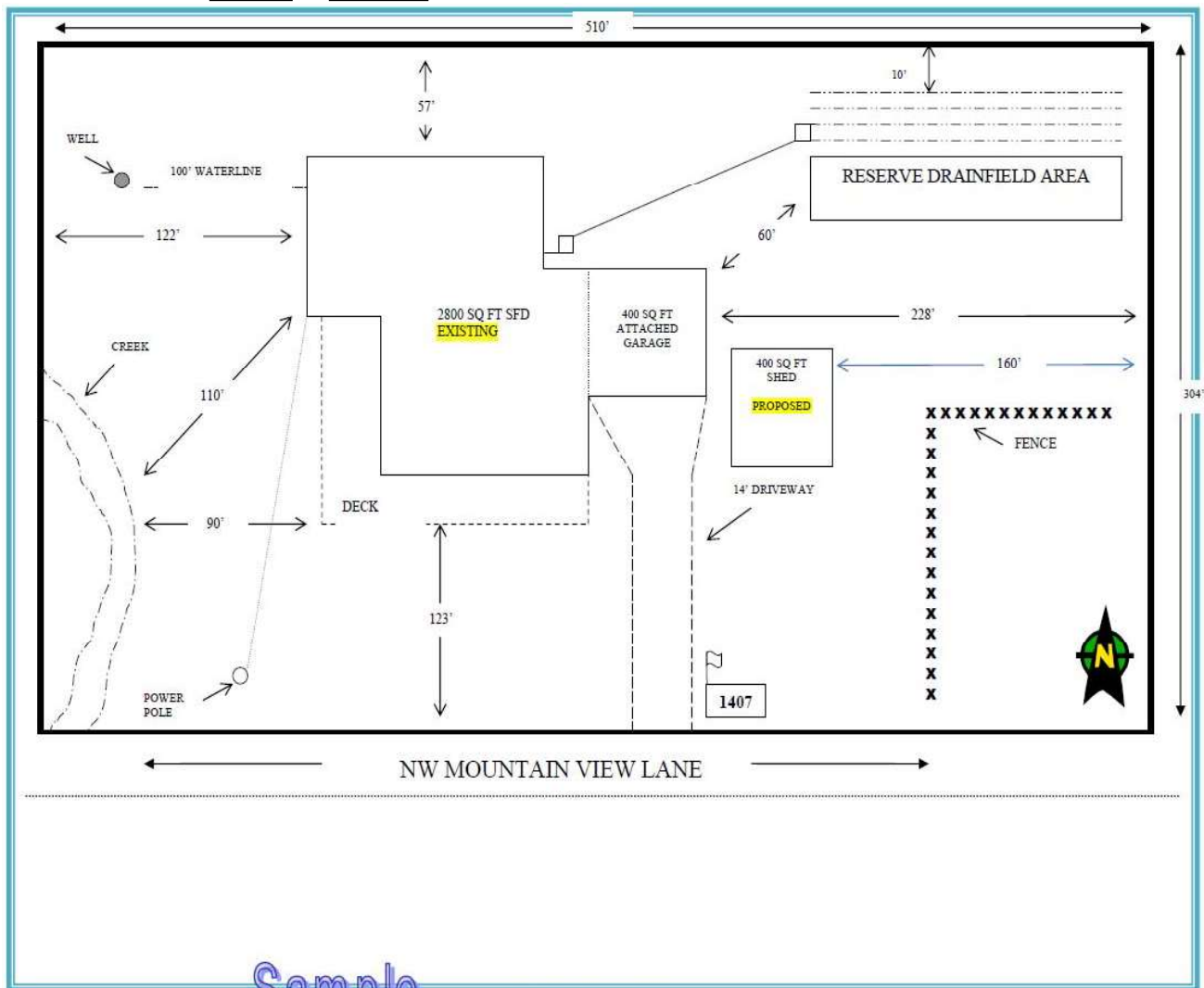
Phone: \_\_\_\_\_

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 -

