



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
plan@co.crook.or.us
www.co.crook.or.us

SITE PLAN REVIEW - ADMINISTRATIVE

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".

DETAILED EXPLANATION: Describe the proposed use of the property.

STAFF WILL PROVIDE A LIST OF STANDARDS AND CRITERIA THAT WILL NEED TO BE ADDRESSED

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.

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.

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.

ON-SITE SEPTIC – WASTEWATER: Will there be a bedroom? Yes _____ No _____

_____ Approved Soil Site Evaluation # _____

_____ Approved Authorization Notice # _____

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: _____

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: _____

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: _____

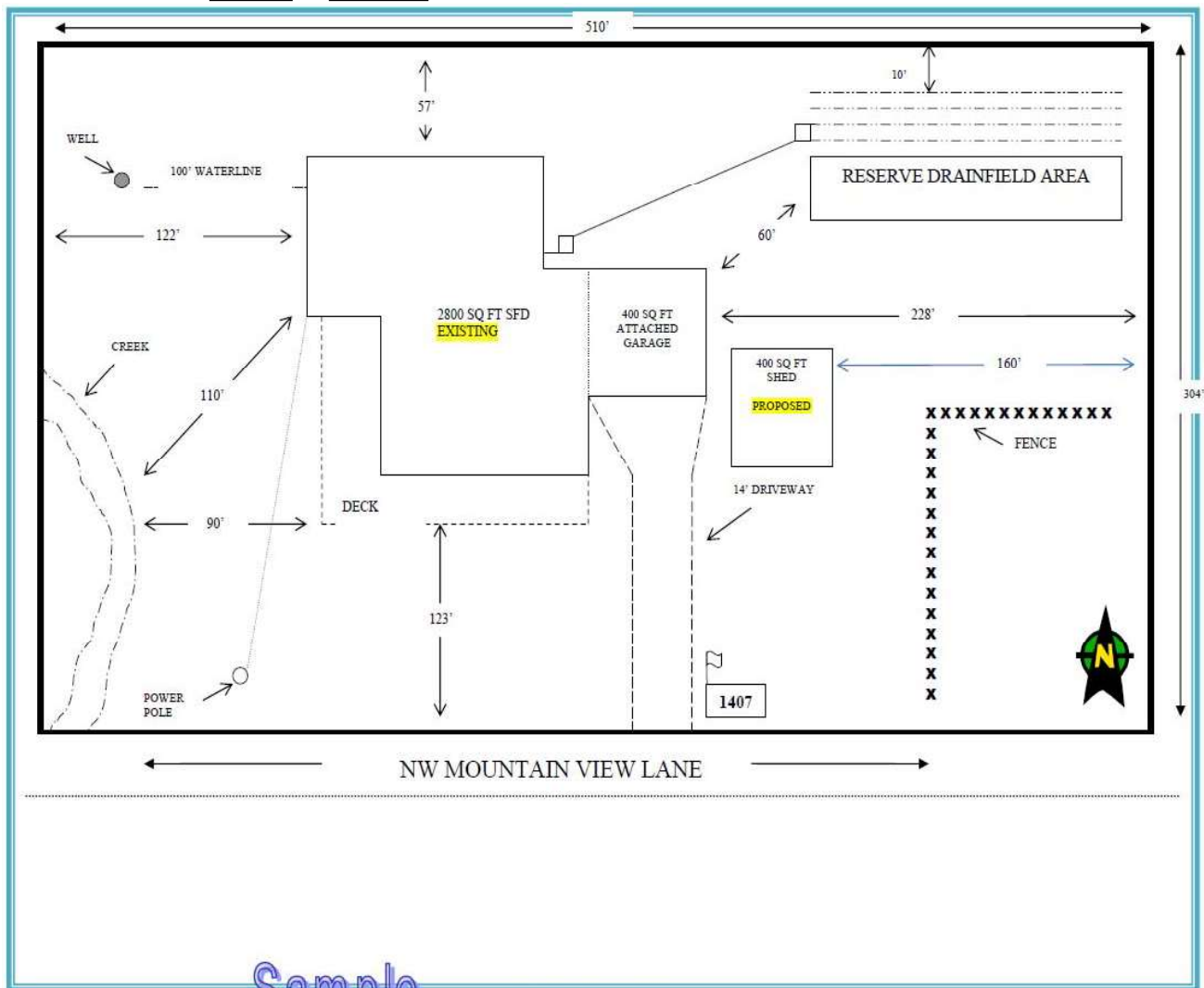
Phone: _____

eMail: _____

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 -

