



For Office Use Only

PERMIT NO. _____ 217-22-000082-PLNG _____

MODIFICATION FEE: \$27,000

Crook County
1/26/2022
Planning Dept

Crook County Community Development – Planning Department
 300 NE 3rd Street, Room 12, Prineville Oregon 97754
 Phone: 541-447-3211 / Email: plan@co.crook.or.us

DESTINATION RESORT – CONDITIONAL USE PERMIT - MODIFICATION 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 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 necessary missing information, and a decision on your application will be postponed until the information is received. State Law requires that 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.**

PROPERTY OWNER INFORMATION

818 Powell Butte, LLC
 Last Name: Gramzow First Name: Gene
 Mailing Address: 21059 Avery Lane
 City: Bend State: OR Zip: 97702
 Day-time phone: (970) 946 4194 Cell Phone: (_____) _____ - _____
 Email: flyfishing@gramzow.com

AGENT/REPRESENTATIVE

Atwell, LLC
 Last Name: Keever First Name: Hal
 Mailing Address: 9755 SW Barnes Road, Suite 150
 City: Portland State: OR Zip: 97225
 Day-time phone: (971) 334 8961 Cell Phone: (_____) _____ - _____
 Email: hkeever@atwell-group.com

Original Conditional Use file number: DR-08-0092


Tax Map # T15S, R15E, Section 17 Tax Lot # 100
 Tax Map # T15S, R15E, Section 17 Tax Lot # 106
 15 15 17 109
 State what the 15 original approval 15 was for: 17 110

Destination Resort approval on approximately 580.58 acres of land zoned
EFU-3.

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Explain your request for modification:
Modification of a prior Conditional Use approval for the Crossing Trails
Destination Resort. Changes include a modification to the type/number of units
being proposed as well as the types of recreational components being
considered.

(Please attach any exhibits to better explain your reasons for modification.)

Owner(s) Signature  Date: 12/9/21
Gene Gramzow
Agent/Representative Signature _____ Date: _____
Hal Keever

Business Registry Business Name Search

[New Search](#)

Business Entity Data

06-03-2021

12:21

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
166844-90	DLLC	ACT	OREGON	08-22-2003	08-22-2021	
Entity Name	818 POWELL BUTTE, LLC					
Foreign Name						

[New Search](#)

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS			
Addr 1	21059 AVERY LN				
Addr 2					
CSZ	BEND	OR	97702	Country	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	08-22-2003	Resign Date	
Name	ROBERT	A	SMEJKAL				
Addr 1	800 WILLAMETTE ST STE 800						
Addr 2							
CSZ	EUGENE	OR	97401	Country	UNITED STATES OF AMERICA		

Type	MAL	MAILING ADDRESS			
Addr 1	PO BOX 1758				
Addr 2					
CSZ	EUGENE	OR	97440	Country	UNITED STATES OF AMERICA

Type	MEM	MEMBER		Resign Date	
Name	EUGENE	W	GRAMZOW		
Addr 1	21059 AVERY LN				
Addr 2					
CSZ	BEND	OR	97702	Country	UNITED STATES OF AMERICA

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Name History










Business Entity Name	Name Type	Name Status	Start Date	End Date

818 POWELL BUTTE, LLC

| EN | CUR | 08-22-2003 |

Please [read](#) before ordering [Copies](#).[New Search](#)

Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	AMENDED ANNUAL REPORT	07-15-2020		FI		
	AMENDED ANNUAL REPORT	07-15-2019		FI		
	AMENDED ANNUAL REPORT	07-13-2018		FI		
	AMENDED ANNUAL REPORT	07-17-2017		FI		
	AMENDED ANNUAL REPORT	07-11-2016		FI		
	AMENDED ANNUAL REPORT	07-10-2015		FI		
	AMENDED ANNUAL REPORT	07-25-2014		FI		
	AMENDED ANNUAL REPORT	07-24-2013		FI		
	AMENDED ANNUAL REPORT	07-26-2012		FI		
	CHANGE OF REGISTERED AGENT/ADDRESS	01-17-2012		FI		
	ANNUAL REPORT PAYMENT	07-15-2011		SYS		
	ANNUAL REPORT PAYMENT	07-12-2010		SYS		
	ANNUAL REPORT PAYMENT	07-13-2009		SYS		
	ANNUAL REPORT PAYMENT	07-11-2008		SYS		
	ANNUAL REPORT PAYMENT	07-17-2007		SYS		
	ANNUAL REPORT PAYMENT	07-18-2006		SYS		
	ANNUAL REPORT PAYMENT	07-12-2005		SYS		
	AMENDED ANNUAL REPORT	07-23-2004		FI		
	ARTICLES OF ORGANIZATION	08-22-2003		FI	Agent	

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AMENDED ANNUAL REPORT



Corporation Division
www.filinginoregon.com

E-FILED
Jul 15, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

16684490

REGISTRATION DATE

08/22/2003

BUSINESS NAME

818 POWELL BUTTE, LLC

BUSINESS ACTIVITY

MANAGEMENT OF REAL ESTATE

MAILING ADDRESS

PO BOX 1758
EUGENE OR 97440 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

21059 AVERY LN
BEND OR 97702 USA

JURISDICTION

OREGON

REGISTERED AGENT

ROBERT A SMEJKAL

800 WILLAMETTE ST STE 800
EUGENE OR 97401 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

EUGENE W GRAMZOW

21059 AVERY LN
BEND OR 97702 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

ROBERT A SMEJKAL

TITLE

AUTHORIZED AGENT

DATE SIGNED

07-15-2020