



Preliminary Compliance Report

Crook County Building Department
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www.co.crook.or.us

FOR OFFICE USE ONLY

CASEFILE #

This report is to be used to provide information about possible violations of the Crook County Code. In order for your report to be accepted, you must fill in all questions completely and to the best of your knowledge. It is important that you supply as much detail as possible. Please be sure to print legibly throughout the entire form.

ALLEGED VIOLATOR /PROPERTY /OWNER INFORMATION

If property does not have a legal address, you must submit a detailed map and directions to the site in order for this report to be accepted.

Property Owner Name:

Is this a rental property? () Yes () No If yes, please list renter's name (if you know):

Address of Violation:

Tax Map #: Subdivision: Lot:

Directions to the site:

ALLEGED VIOLATOR

Last Name: First Name: Middle Name:

Address:

City: State: ZIP: Phone:

DESCRIPTION OF ALLEGED VIOLATION

Code	Type
<i>(check all that apply)</i>	
Crook County Code Title 15 Chapter 15.04	<input type="checkbox"/> No Permit <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Roof failure <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Fire, Life, Safety issues with Residence <input type="checkbox"/> Foundation failure <input type="checkbox"/> Discharge of sewage on top of ground <input type="checkbox"/> Faulty electrical wiring
Crook County Code Title 08 Chapter 8.08	<input type="checkbox"/> Accumulation of useless or discarded materials <input type="checkbox"/> Unlicensed, in-operable, wrecked, dismantled or partially dismantled vehicles stored on property <input type="checkbox"/> Discharge of sewage on top of ground
Crook County Code Title 18	<input type="checkbox"/> Person or persons residing in RV <input type="checkbox"/> Failure to remove Medical Hardship or Temporary Use Residence <input type="checkbox"/> Operating a Business in Residential Zone without Conditional Use Permit <input type="checkbox"/> Residence on property without planning approval. <input type="checkbox"/> Violation of Conditional Use Permit <input type="checkbox"/> Two (2) or more dwellings on property.
Other	Enter authority by statute or rule number and description of violation. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

