

**Planning/Permit Application Center**

City Hall

555 Liberty St. SE, Room 320

Salem OR 97301-3513

503-588-6213 [planning@cityofsalem.net](mailto:planning@cityofsalem.net)

If you need the following translated in Spanish, please call 503-588-6256.

Si usted necesita lo siguiente traducido en español, por favor llame 503-588-6256.

**Project Description**

Interior remodel, change of use.

Class 1 Site Plan Review

**Work site location and information**

<b>Street address of or location of subject property</b>	<b>285 LIBERTY ST NE Salem OR 97301</b>
<b>Size of property (acres)</b>	0.47
<b>Tax Lot Number</b>	073W22DC07200
<b>Neighborhood Association</b>	Central Area Neighborhood Development Organization (CANDO)

**People information**

<b>Applicant</b>	STUDIO 3 ARCHITECTUR 285 COURT ST NE SALEM OR 97301	503-390-6500 <a href="mailto:gene@studio3architecture.com">gene@studio3architecture.com</a>
<b>Owner</b>	Clutch Industires 360 Belmont St NE Salem OR 97301	
<b>Contact</b>	STUDIO 3 ARCHITECTUR 285 COURT ST NE SALEM OR 97301	503-390-6500 <a href="mailto:gene@studio3architecture.com">gene@studio3architecture.com</a>

**Project information**

<b>Total Project Valuation</b>	\$ 450,000.00
<b>Site Area (Acreage)</b>	.47
<b>Type of Plan Check</b>	Commercial/Industrial
<b>MS4 Reporting</b>	No
<b>Existing use structures and/or other improvements on site</b>	Retail/Commercial building, 3 stories

**Land Use fees**

<b>Description</b>	<b>Amount</b>
Site Plan Review	\$713.00
Automation Surcharge	\$5.00
<b>Total Fees</b>	<b>\$718.00</b>

## **Terms and Conditions**

**Correct information:** I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

**Copyright release for government entities:** I hereby grant permission to the City of Salem to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

**Indemnity:** I, the permit applicant, shall indemnify, defend and hold harmless the City of Salem, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit.

## **Authorizations**

- Property owners and contract purchasers are required to authorize the filing of this application and must sign below. This signed form must be uploaded with other review documents.
- If the applicant and/or property owner is a Limited Liability Company (LLC), please also provide a list of all members of the LLC with your application.
- All signatures represent that they have full legal capacity to and hereby do authorize the filing of this application and certify that the information and exhibits herewith submitted are true and correct.
- I (we) hereby grant consent to the City of Salem and its officers, agents, employees, and/or independent contractors to enter the property identified above to conduct any and all inspections that are considered appropriate by the City to process this application.

This application was electronically submitted to the City of Salem Permit Application Center by **STUDIO 3 ARCHITECTURE** (PersonID: 239259) on **February 28, 2024 at 7:58 AM**.

**I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:**

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**I (we) certify that I (we) have read, understood, and confirm all the statements listed above and throughout the application form.**

**Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address (include ZIP):** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address (include ZIP):** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address (include ZIP):** \_\_\_\_\_

(For office use only)		
Received by:	Date:	Receipt Number: