

Land Use Application
Permit #: 24 105129 00 PLN

# **Planning/Permit Application Center**

City Hall
555 Liberty St. SE, Room 320
Salem OR 97301-3513
503-588-6213 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**

Class 2 Site Plan Review for Exterior Modifications. On the storefront, old glazing will be replaced with new. New faux window will be added on the right side of the storefront. New build-outs placed on the left and right side of the storefront to align with existing wall above. Signage will be under separate permit. For the back of the store, new ramp and platform will be added.

Class 2 Site Plan Review

## Work site location and information

Street address of or location of subject property	4450 COMMERCIAL ST SE Suite 130 SALEM OR 97302	
Size of property (acres)	0.00	
Tax Lot Number	083W10DA01302	
Neighborhood Association	Morningside Neighborhood Association	

## People information

Applicant JONATHAN SOEDHIJANT 5100 RIVER RD

IVER RD 847-916-2756

SCHILLER PARK IL 60176

SCHILLER PARK IL 60176

jsoedhijanto@rgla.com

Owner

Phillips Edison & Company, 801-869-1822

Contact

JONATHAN SOEDHIJANT 5100 RIVER RD

847-916-2756

jsoedhijanto@rgla.com

#### **Project information**

Total Project Valuation

\$ 1,400,000.00

Site Area (Acreage)

0

Type of Plan Check

Commercial/Industrial

**MS4** Reporting

No

#### Land Use fees

Description

Amount

Site Plan Review

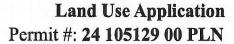
\$4,319.00

**Automation Surcharge** 

\$5.00

Total Fees

\$4,324.00





#### **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 **JONATHAN SOEDHIJANTO** (PersonID: 390466) on **February 28, 2024** at **2:08 PM**.



# Land Use Application Permit #: 24 105129 00 PLN

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property: I (we) certify that I (we) have read, understood, and confirm all the statements listed above and throughout the application form. CHILLIA **Authorized Signature:** SOEDHUANTO Date: 02/28/2024 **Printed Name:** MANTAMOL IL 60176 Address (include ZIP): 5100 RIVER RD SUITE 125, SCHILLER **Authorized Signature:** Date: **Printed Name:** Address (include ZIP): **Authorized Signature: Printed Name:** Date: . Address (include ZIP): (For office use only) Receipt Number: Received by: Date: