



#### 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**

Property line adjustment and modification Class 3 Site Plan Review - Modification Property Line Adjustment

## Work site location and information

Street address of or location of subject	SALEM OR 97305	
property		
Size of property (acres)	3.55	
Tax Lot Number	073W01A003300	
Neighborhood Association	Northgate Neighborhood Association	
reet address of or location of subject 3470 BLOSSOM DR NE		
Street address of or location of subject	3470 BLOSSOM DR NE	
Street address of or location of subject property	3470 BLOSSOM DR NE SALEM OR 97305	
Street address of or location of subject property Size of property (acres)		
property	<b>SALEM OR 97305</b>	

# **People information**

Applicant	BRAND LAND USE	12150 JEFFERSON HWY 99E SE JEFFERSON OR 97352	503-680-0949 britany@brandlanduse.com
Owner	BLOSSOM GARDENS AP	§ 360 BELMONT ST NE	
Contact	BRAND LAND USE	12150 JEFFERSON HWY 99E SE JEFFERSON OR 97352	503-680-0949 britany@brandlanduse.com
Contact	Clutch Industries Inc.	ID 352841	



# Land Use Application Permit #: 24 106077 00 PLN

# Project information

Total Project Valuation \$ 16,200,000.00

Site Area (Acreage) 10.05

Comprehensive Plan Multifamily Residential

Zoning RM2
Number of Property Line Adjustments 1

Type of Plan Check Multi Family

MS4 Reporting No

**Existing use structures and/or other**Single family dwelling and multifamily development

improvements on site

 Neighborhood Association Contact
 N/A

 Salem-Keizer Transit Contact
 N/A

 Homeowners Association
 N/A

## Land Use fees

Description		Amount
Site Plan Review		\$4,824.00
Lot Line Adjustment		\$1,259.00
Automation Surcharge		\$5.00
	Total Fees	\$6,088.00

#### **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 **BRAND LAND USE** (PersonID: 356998) on **March 11, 2024** at **3:40 PM**.



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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 throughout the application form.	confirm all the statements listed above and		
Authorized Signature:			
Printed Name:			
Authorized Signature:			
Printed Name:	Date:		
Address (include ZIP):			
Authorized Signature:			
Printed Name:	Date:		
4.11 (4.1.1.7TP)			

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