

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

Tree removal. Tree and Vegetation Removal Permit

Work site location and information

Street address of or location of subject	4880 JONES RD SE	
property	SALEM OR 97302	
Size of property (acres)	0.71	
Tax Lot Number	083W10CD09500	
Neighborhood Association	Faye Wright Neighborhood Association	

People information

Applicant	LYDIA MITCHELL	2052 NORTHTREE DR NE KEIZER OR 97303	541-409-6763 toptiertreecare@gmail.com
Owner	ED HURLBUTT	4880 JONES RD SE SALEM OR 97302-4833	503-375-9564
Contact	Joseph Mitchell	971-218-1243	

Project information

Site Area (Acreage)	.71
Comprehensive Plan	Tree removal
Zoning	Residential
# of Trees Removed	1
MS4 Reporting	No
Existing use structures and/or other improvements on site	n/a
Neighborhood Association Contact	n/a
Salem-Keizer Transit Contact	n/a
Homeowners Association	n/a



Land Use fees

Description		Amount
Tree and Vegetation Removal Permit		\$423.00
Automation Surcharge		\$5.00
	Total Fees	\$428.00

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 LYDIA MITCHELL (PersonID: 382768) on March 28, 2024 at 10:59 PM.



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

firm all the statements listed above and
Date:
Date:
Date:

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