

Land Use Application

Planning/Permit Application Center City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513

503-588-6173 * 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.

Application type

Please describe the type of land use action requested:

PARTITION

(For office use only)
Permit #:

Work site location and information	
Street address or location of subject property	CORDON ROAD
Total size of subject property	23.3 Acres
Assessor tax lot numbers	082W05/Tax Lots 200, 300, 400, 401, 500
Existing use structures and/or other improvements on site	Vacant
Zoning	IC
Comprehensive Plan Designation	Industrial Commercial
Project description	TO RECONFIGURE 5 TAX LOTS INTO 3 PARCELS AND RIGHT-OF-WAY

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant		10355 LIBERTY ROAD S SALEM OR 97306	503-362-4588
Agent	BRANDIE DALTON	MULTI/TECH ENGINEERING	503-363-9227

Project information

Neighborhood Association	SEMCA
Have you contacted the Neighborhood Association?	⊙ Yes
	O No
Date Neighborhood Association contacted	4/4/24
Describe contact with the affected Neighborhood Association (The City of Salem recognizes, values, and supports the involvement of residents in land use decisions affecting neighborhoods across the city and strongly encourages anyone requesting approval for any land use proposal to contact the affected neighborhood association(s) as early in the process as possible.)	Via Email
Have you contacted Salem-Keizer Transit?	O Yes
	⊙ No
Date Salem-Keizer Transit contacted	
Describe contact with Salem-Keizer Transit	N/A

Authorization by property owner(s)/applicant

*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.

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.

Authorizations: Property owners and contract purchasers are required to authorize the filing of this application and must sign below.

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

Electronic signature certification: By attaching an	electronic signature (whether typed, graphical or free form)
I certify herein that I have read, understood and conf	irm all the statements listed above and throughout the
application form.	· · · · · · · · · · · · · · · · · · ·
Authorized Signature:	
Print Name: Kevin Harrison	Date: 4/4/2024
Address (include ZIP):	
Authorized Signature:	
Print Name:	Date:
Address (include ZIP):	
(For	office use only)
Received by Date:	
[발발] : [발발] : [발발] [발발] : [발발] [발발] [발발]	

Not using Internet Explorer?

Save the file to your computer and email to planning@cityofsalem.net,