



Land Use Application

Permit #: **24 108072 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

A Tree Conservation Plan permit review

Tree Conservation Plan - Subdivision

Work site location and information

Street address of or location of subject property	1800 PARK AV NE SALEM OR 97301
Size of property (acres)	0.42
Tax Lot Number	073W24BA08000
Neighborhood Association	North Lancaster Neighborhood Association (NOLA)

Street address of or location of subject property	1861 PARK AV NE SALEM OR 97301
Size of property (acres)	0.42
Tax Lot Number	073W24BA08100
Neighborhood Association	North Lancaster Neighborhood Association (NOLA)

People information

Applicant	LAURA LAROQUE	63 ASH ST E LEBANON OR 97355	541-990-8661 laura@udelleng.com
Owner	JENRAE INC; Jack Yarbrou	P.O. Box 20756 Keizer, OR 97307;	jry_icu@comcast.net
Contact	LAURA LAROQUE	63 ASH ST E LEBANON OR 97355	541-990-8661 laura@udelleng.com

Project information

Site Area (Acreage)	.84
Comprehensive Plan	Single Family Residential
Zoning	RS (Single Family Residential)
MS4 Reporting	Yes
Existing use structures and/or other improvements on site	Single family dwelling; proposed garage/ADU; existing driveway encroachment (LOT 6)
Neighborhood Association Contact	North Lancaster Neighborhood Association (NOLA)
Salem-Keizer Transit Contact	None
Homeowners Association	None

Land Use fees

Description	Amount
Tree Conservation Plan	\$1,703.00
Automation Surcharge	\$5.00
Total Fees	\$1,708.00

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 **LAURA LAROQUE** (PersonID: 372910) on **April 8, 2024** at **4:15 PM**.

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: *Jack R. Yarbrough*
Printed Name: Jack R. Yarbrough Date: 4/10/2024
Address (include ZIP): PO Box 20756 Keizer, OR 97307

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: