

Land Use **Application**

(For office use only)

Permit #:

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.

App	lica	tion	typ	e
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Please describe the type of land use action requested:

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Adjustment	Class-2	*	

ork site location and information	
Street address or location of subject property	CREEKSIDE DRIVE
Total size of subject property	13.6 Acres
Assessor tax lot numbers	083W22BA/Tax Lot 7000/ and 083W22AB
Existing use structures and/or other improvements on site	Golf Course
Zoning	RS
Comprehensive Plan Designation	Single-Family Residential
Project description	PARTITION TL 7000 INTO 2 PARCELS

People information

r copic into	Name	Full Mailing Address	Phone Number and Email address
Applicant	CREEKSIDE GOLF		
Agent	BRANDIE DALTON	1155 SE 13 ST SALEM_OR_97302	503-363-9227 bdalton@mtengineering.net

Project information

Project information	I SCAIA
Neighborhood Association	06/01
Have you contacted the Neighborhood Association?	Ø Yes
	IO No
Date Neighborhood Association contacted	JU14 10, 3023
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 O No
Date Salem-Keizer Transit contacted	
Describe contact with Salem-Keizer Transit	

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 confirm all the statements listed above and throughout the application form.

Authorized Signature: 2 Idash			
Print Name: Lawrence E-	ToKarski		Date: 7 · 10 · 2023
Address (include ZIP): 201 Fer	ry St SE	# 400	Salem DR 97301
Authorized Signature:			
Print Name:			Date:
Address (include ZIP):			
	(For office		
Received by	Date:	Receipt	Number:

Not using Internet Explorer?

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