



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

change of use, and adjustment

Class 2 Adjustment

Class 3 Site Plan Review

Work site location and information

| Street address of or location of subject | 1243 MARION ST NE |
|--|---------------------------|
| property | SALEM OR 97301 |
| Size of property (acres) | 0.09 |
| Tax Lot Number | 073W23CD05000 |
| Neighborhood Association | Northeast Neighbors (NEN) |

People information *

Applicant

JB PAINTING PLUS INC

PO BOX 20492

503-819-3450

KEIZER OR 97307-0492

jason@cravenhoconstruction.con

Owner

AOCE

503-951-1669

Contact

JB PAINTING PLUS INC

PO BOX 20492

503-819-3450

KEIZER OR 97307-0492

jason@cravenhoconstruction.con

Project information

Total Project Valuation

\$ 20,000.00

Site Area (Acreage)

.09

Number of Class 2 Adjustments

.09

Type of Plan Check

Commercial/Industrial

MS4 Reporting

No

Neighborhood Association Contact

sent email to the required people on 3/27/24

Land Use fees

| Description | | Amount |
|-----------------------------|-------------------|------------|
| Site Plan Review | | \$2,104.00 |
| Automation Surcharge | | \$5.00 |
| Zoning Adjustment - Class 2 | | \$1,920.00 |
| | Total Fees | \$4,029.00 |



Land Use Application
Permit #: 24 111359 00 PLN

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 **JB PAINTING PLUS INC** (PersonID: 327571) on **May 24, 2024** at **2:39 PM**.



Land Use Application Permit #: 24 111359 00 PLN

| I (we) hereby give notice | of the following concealed or unconcealed danger | rous conditions on the property: |
|--|---|----------------------------------|
| | | |
| I (we) certify that I (we) throughout the application Authorized Signature: Printed Name: Address (include ZIP): | have read, understood, and confirm all the staten on form Cravenho DocuSigned by: | Date: 3/24/24 |
| Authorized Signature: Printed Name: Address (include ZIP): | Elena Martiner Elena Mart97ffe2440c 1243 Marion St NE Salem OR 97301 | Date: 5/24/2024 |
| Authorized Signature: Printed Name: Address (include ZIP): | | Date: |
| | A. | |

| | (For office site only) | |
|-------------|------------------------|--|
| Received by | Date: Receipt Number: | |
| | | |