

**Planning/Permit Application Center**

City Hall

555 Liberty St. SE, Room 320

Salem OR 97301-3513

503-588-6213 [planning@cityofsalem.net](mailto: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**

Interior tenant improvement for outpatient medical user.

Class 1 Site Plan Review

**Work site location and information**

<b>Street address of or location of subject property</b>	<b>4747 SKYLINE RD S Suite 100 SALEM OR 97306</b>
<b>Size of property (acres)</b>	0.92
<b>Tax Lot Number</b>	083W09CA00500
<b>Neighborhood Association</b>	Sunnyslope Neighborhood Association

**People information**

<b>Applicant</b>	LIFT ARCHITECTURE	1130 LIBERTY ST SE STE 230 SALEM OR 97302	503-420-8520 <a href="mailto:matt@liftarchitecture.com">matt@liftarchitecture.com</a>
<b>Owner</b>	Steve Denny	<a href="mailto:steve@salemgastr.com">steve@salemgastr.com</a>	
<b>Contact</b>	LIFT ARCHITECTURE	1130 LIBERTY ST SE STE 230 SALEM OR 97302	503-420-8520 <a href="mailto:matt@liftarchitecture.com">matt@liftarchitecture.com</a>

**Project information**

<b>Total Project Valuation</b>	\$ 20,000.00
<b>Site Area (Acreage)</b>	.92
<b>Type of Plan Check</b>	Commercial/Industrial
<b>MS4 Reporting</b>	No
<b>Existing use structures and/or other improvements on site</b>	Existing single-story commercial building

**Land Use fees**

<b>Description</b>	<b>Amount</b>
Site Plan Review	\$713.00
Automation Surcharge	\$5.00
<b>Total Fees</b>	<b>\$718.00</b>

## **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 **LIFT ARCHITECTURE** (PersonID: 384116) on **June 4, 2024** at **8:09 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:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address (include ZIP):** \_\_\_\_\_

**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: