



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

Tree Conservation Plan Adjustment to TCP21-02 for Affinity Estates Tree Conservation Plan Adjustment

Work site location and information

Street address of or location of subject	6743 DEVON AV SE
property	SALEM OR 97306
Size of property (acres)	19.89
Tax Lot Number	083W22CA04500
Neighborhood Association	South Gateway Neighborhood Association

People information

Applicant	WIND RIVER HOMES LL(PO BOX 9212	503-983-9188
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BROOKS OR 97305-0212 windriverhms@gmail.com

Owner WIND RIVER HOMES LL(PO BOX 9212 503-983-9188

BROOKS OR 97305-0212 windriverhms@gmail.com

Contact WIND RIVER HOMES LL(PO BOX 9212 503-983-9188

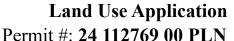
BROOKS OR 97305-0212 windriverhms@gmail.com

Project information

Site Area (Acreage) 19.89
of Trees Removed 1
MS4 Reporting No

Land Use fees

Description		Amount
Tree Conservation Plan Adjustment		\$341.00
Automation Surcharge		\$5.00
	Total Fees	\$346.00





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 **WIND RIVER HOMES LLC** (PersonID: 339233) on **June 12, 2024** at **10:54 AM**.



Land Use Application Permit #: 24 112769 00 PLN

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:		
I (we) certify that I (we) have read, understood, and conthroughout the application form.	nfirm all the statements listed above and	
Authorized Signature:		
Printed Name:	Date:	
Address (include ZIP):		
Authorized Signature:		
Printed Name:	Date:	
Address (include ZIP):		
Authorized Signature:		
Printed Name:	Date:	
4 1 1 (7TP)		

(For office use only)				
Received by:	Date:	Receipt Number:		