



Land Use Application
Permit #: 24 113032 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

Class 3 Site Plan, Class 2 Adjustment, Tree Variance, and Historic Clearance Review for a 60-Unit Apartment

Complex (PH II of apt. complex under review)

Class 2 Adjustment

Class 3 Site Plan Review

Tree Variance

Work site location and information

Street address of or location of subject property	2561 CENTER ST NE SALEM OR 97301
Size of property (acres)	9.85
Tax Lot Number	073W24CC04000
Neighborhood Association	Northeast Neighbors (NEN)

People information

Applicant	CASCADIA PLANNING A PO BOX 1920 SILVERTON OR 97381	503-804-1089 steve@cascadiapd.com
Owner	SALEM HOSPITAL REHA 2561 CENTER ST NE SALEM OR 97301-4600	503-561-5986
Contact	CASCADIA PLANNING A PO BOX 1920 SILVERTON OR 97381	503-804-1089 steve@cascadiapd.com

Project information

Total Project Valuation	\$ 20,000,000.00
Site Area (Acreage)	9.85
Comprehensive Plan	Mixed Use
Zoning	MU-I
Number of Class 2 Adjustments	1
Number of significant trees proposed for removal	7
Type of Plan Check	Multi Family
MS4 Reporting	Yes
Existing use structures and/or other improvements on site	Vacant, existing private street improvements
Neighborhood Association Contact	Contacted NESCA by email on 11-5-23
Salem-Keizer Transit Contact	Contacted Cherriots by email on 11-13-23
Homeowners Association	N/A

Land Use fees

Description	Amount
Site Plan Review	\$16,148.00
Tree Regulation Variance	\$3,989.00
Automation Surcharge	\$5.00
Zoning Adjustment - Class 2	\$1,920.00
Total Fees	\$22,062.00

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 **CASCADIA PLANNING AND DEVELOPMENT SERVICES** (PersonID: 359138) on **June 14, 2024** at **3:33 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: