

## Zoning Form Instructions

### Document Name

Please incorporate these documents in a single file per the naming convention.

### Certification of Zoning Requirements

- All Applicants must include a zoning certification form, even if the Project is solely acquisition or rehabilitation. OHCS has designed this form to document the zoning status of the property. OHCS **requires completion of this form**. The City or County staff responsible for the determination of issues related to comprehensive planning and zoning **must sign** this form to be approved.  
For example, an excerpt from the zoning code in lieu of an approved signature will not be approved.
- Projects that require a zone change or annexations will not receive a funding reservation until after the change has been completed.

**Certification of Zoning**

Project Name: Compass Points

Project Type and # of Units: Approximately 120 units

Project Location: 1709 Baxter Rd. SE Salem, OR

Acreage of Project Site: 10.76 acres Tax Account #(s): 575406 & 575407

Assessor's Map & Tax Lot(s): 083W14BD

**The following must be certified by local jurisdiction staff:**

1. The zoning for this development site is: RM2
2. The number of units (not buildings) [density] allowed for this development site is:  
 Minimum number: \_\_\_\_\_ Maximum number: \_\_\_\_\_
3. The number of on-site parking spaces required per dwelling unit is: \_\_\_\_\_
4. Check the applicable boxes:
  - The proposed use is consistent with the above referenced zoning and applicable land use regulations. The jurisdiction requires no additional land use approvals.
  - The proposed use will be consistent with the above referenced zoning and applicable land use regulations upon obtaining the following land use approval(s): \_\_\_\_\_, or resolution of the following land use issue(s): \_\_\_\_\_  
 Applicant has has not submitted an application for land use approval or resolution.
  - The proposed use is not allowable cannot be determined to be allowable with the referenced zoning above and applicable land use regulations because: \_\_\_\_\_

I certify the  City  County of \_\_\_\_\_ has vested in me the authority to verify consistency with local land use regulations and I further certify the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature Date Phone

\_\_\_\_\_  
Print Name Title