

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

350 Glen Creek Road Northwest

7322CB 102

" Zoning Compliance/Verification Letter: Please supply a letter (or use the enclosed template and copy onto letterhead) stating in which zoning district the subject property is currently located, if there are any overlay districts applicable to the subject property, permissiveness of current use and any compliance information you may be able to provide. Please use municipality letterhead, or, if this is not possible for some reason, please enclose a municipality fax coversheet showing that the zoning letter is enclosed.

" Adjacent Property Designations and Uses (if known): Current zoning district in which properties adjacent to the subject property (North, South, East & West) are located.

Land Use Verification All Others

Work site location and information

Street address of or location of subject property	350 GLEN CREEK RD NW SALEM OR 97304
Size of property (acres)	0.00
Tax Lot Number	073W22CB00102
Neighborhood Association	West Salem Neighborhood Association

People information

Applicant	KIMBERLY POWERS	222 E EUFAULA ST STE 140 NORMAN OK 73069	800-787-8390
Owner	SAFE STOR INC	2517 RIVER RD S SALEM OR 97302	503-581-9717 storeman101@aol.com
Contact	KIMBERLY POWERS	222 E EUFAULA ST STE 140 NORMAN OK 73069	800-787-8390

Project information

Site Area (Acreage)	0
MS4 Reporting	No

Land Use fees

Description	Amount
Verification of Land Use - all others	\$359.00
Automation Surcharge	\$5.00
Total Fees	\$364.00

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 **KIMBERLY POWERS** (PersonID: 395650) on **July 19, 2024 at 8:38 AM**.

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: