

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 Salen	n, OR	
	Acreage of Project Site:	10.76	acres Tax Account #(s): 575406	<u>& 575407</u>
	Assessor's Map & Tax Lot(s):	083W14BD		
Multi-Family developmen permitted ur zone, subje	 The following must be certifie 1. The zoning for this develop 2. The number of units (not be Minimum number: See T 3. The number of on-site par 4. Check the applicable boxes □ The proposed use is conregulations. The jurisdic ■ The proposed use will be regulations upon obtain No land use application Salem Standard Revise Applicant □has ⊠ha Yon t is a The proposed use is a The proposed use 	d by local jurisdiction staf oment site is: $RM2$ buildings) [density] allowed table 514-3 king spaces required per d s: hsistent with the above ref ction requires no additionation be consistent with the above ing the following land use s have been submitted. All ad Code prior to approval. <i>A</i> s not submitted an applic not allowable \Box cannot	t: the	ee 806.015 g, Maximum d in SRC d use le land use <i>r</i> ith the City of h be required.
applicable land use applications.				
I certify the City County of Salem 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.				
		July 24, 2024	503.540.2326	
	Signature	Date	Phone	
	Arthur Graves Print Name	City Planner Title		
		THE		

