

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: Blossom Gardens

Project Type and # of Units: New Construction, 90 Units

Project Location: 3470 Blossom Drive NE, Salem, OR 97305

Acreage of Project Site: 3.25 Acres Tax Account #(s): 605181

Assessor's Map & Tax Lot(s): 073W01A / 003301

The following must be certified by local jurisdiction staff:

1. The zoning for this development site is: _____
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	