



Publish Date: January 12, 2024

Zoning Form Instructions

Document Name

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

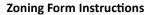
Certification of Zoning Requirements

 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.







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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 Ta	x Account #(s): 605181	
Assessor's Map & Tax Lot(s): _	073W01A / 00330	1	
	ment site is:uildings) [density] allo	wed for this development site is: Maximum number:	
3. The number of on-site park	ing spaces required p	er dwelling unit is:	
The proposed use will be regulations upon obtaining	sistent with the above tion requires no addit e consistent with the a ing the following land , or n	above referenced zoning and applicable land use use approval(s):esolution of the following land use issue(s):	
☐ The proposed use ☐is r	not allowable □can	plication for land use approval or resolution. not be determined to be allowable with the use regulations because:	
	regulations and I furtl	has vested in me the authority to verify ner certify the foregoing information is true and	
Signature	Date	Phone	
Print Name	Title		

