

## Certification of Zoning

Project Name: Salem II Apartments

Project Type and # of Units: Multi-family Affordable housing, proposed 60 units

Project Location: 722 Medical Center Dr. NE

Acreage of Project Site: ~9.85 Tax Account #(s): 527113

Assessor's Map & Tax Lot(s): 073W24CC04000

### 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
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Print Name	Title	