



Land Use Application

Permit #: **24 111280 00 PLN**

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

PLA and CUP for Residential Care

Conditional Use

Property Line Adjustment

Work site location and information

Street address of or location of subject property	215 BOONE RD SE SALEM OR 97306
Size of property (acres)	0.24
Tax Lot Number	083W09DD10900
Neighborhood Association	Faye Wright Neighborhood Association

Street address of or location of subject property	211 BOONE RD SE SALEM OR 97306
Size of property (acres)	0.14
Tax Lot Number	083W09DD10901
Neighborhood Association	Faye Wright Neighborhood Association

People information

Applicant	BRAND LAND USE	1720 LIBERTY ST SE SALEM OR 97302	503-680-0949 britany@brandlanduse.com
Owner	BRIDGEWAY HOLDINGS	PO BOX 17818 SALEM, OR 97305	
Contact	BRAND LAND USE	1720 LIBERTY ST SE SALEM OR 97302	503-680-0949 britany@brandlanduse.com

Project information

Site Area (Acreage)	.38
Comprehensive Plan	SF
Zoning	RS
Number of Property Line Adjustments	1
MS4 Reporting	No
Existing use structures and/or other improvements on site	Each property has an existing dwelling used as a homeless shelter for victims of DV
Neighborhood Association Contact	Informational Letter Sent
Salem-Keizer Transit Contact	Informational Letter Sent
Homeowners Association	NA

Land Use fees

Description	Amount
Conditional Use	\$6,680.00
Lot Line Adjustment	\$1,259.00
Automation Surcharge	\$5.00
Total Fees	\$7,944.00

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 **BRAND LAND USE** (PersonID: 356998) on **May 23, 2024 at 4:36 PM.**

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

--

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: Isaac Vandergon **Date:** 5/28/2024
Address (include ZIP): 250 Church St. SE, Suite 202, Salem, OR 97301

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: