

Land Use Application

#### Planning/Permit Application Center City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513 503-588-6173 \* 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.

## **Application type**

Please describe the type of land use action requested:

# Tree Variance

| Work site location and information                           |                               |
|--|-------------------------------|
| Street address or location of subject<br>property            | 1700 Baxter Road SE           |
| Total size of subject property                               |                               |
|  | 083W14BD/Tax Lots 100 and 200 |
| Existing use structures and/or other<br>improvements on site | Existing SFD to be removed    |
| Zoning   | RM-11                         |
| Comprehensive Plan Designation                               |                               |
| Project description  | Thee Variance                 |
|  |                               |

#### **People** information

| Name           Applicant         Laura Robinson           Neighborly Development |                                       | Full Mailing Address                                       | Phone Number and<br>Email address          |  |
|--|---------------------------------------|--|--|--|
|  |                                       | 2925 River Road, Suite 100<br>Salem, OR 97302              | laurar@neighborlydeveloment<br>.com        |  |
| Agent  | Brandie Dalton<br>Land-Use Consultant | Multi/Tech Engineering<br>1155 SE 13th St, Salem, OR 97302 | 503-363-9227<br>bdalton@rntengineering.net |  |

## **Project** information

| Have you contacted the Neighborhood Association?       ⊙ Yes         ○ No       ○ No         Date Neighborhood Association contacted       7/11/24         Describe contact with the affected Neighborhood Association (The City of Salem recognizes, values, and supports the involvement of residents in land use decisions affecting neighborhoods across the city and strongly encourages anyone requesting approval for any land use proposal to contact the affected neighborhood association(s) as early in the process as possible.)       Attended the July 11, 2024 NA meeting in-person         Have you contacted Salem-Keizer Transit       ○ Yes         ⊙ No       ⊙ No         Date Salem-Keizer Transit contacted       N/A |                             |
|--|-----------------------------|
| Date Neighborhood Association contacted       7/11/24         Describe contact with the affected Neighborhood Association       Attended the July 11, 2024 NA meeting         (The City of Salem recognizes, values, and supports the involvement of residents in land use decisions affecting neighborhoods across the city and strongly encourages anyone requesting approval for any land use proposal to contact the affected neighborhood association(s) as early in the process as possible.)       Attended the July 11, 2024 NA meeting in-person         Have you contacted Salem-Keizer Transit?       O Yes         O No       No   |                             |
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| Date Salem-Keizer Transit contacted  |                             |
|  |                             |
| Describe contact with Salem-Keizer Transit N/A   |                             |
|  |                             |
|  |                             |
|  | -                           |

(For office use only) Permit #:

### Authorization by property owner(s)/applicant

\*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.

**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.

Authorizations: Property owners and contract purchasers are required to authorize the filing of this application and must sign below.

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

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form.

| Authorized Signature: Louise Turnidge, Trustee           |         |           |
|--|---------|-----------|
| Print Name:Louise Turnidge, Trustee                      | Date:   | 8-27-2024 |
| Address (include ZIP): 3215 W Lynn St, Seattle, WA 98199 |         |           |
| Authorized Signature:                                    |         |           |
| Print Name:  | Date: _ |           |
| Address (include ZIP):                                   |         |           |
|  |         |           |

| (For office use only) |       |                 |  |  |
|-----------------------|-------|-----------------|--|--|
| Received by           | Date: | Receipt Number: |  |  |
|                       |       |                 |  |  |

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