

## 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:

(For office use only)

Permit #:

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Work site location and inform	and information
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Cordon Road		
> V.		
n of Unit of Land		
2 8		

People information

The second secon	Name	Full Mailing Address	Phone Number and Email address
Applicant	KCH Enterprises, LLC	10355 Liberty Road S Salem, OR 97306	503-362-4588
Agent	Brandie Dalton Land-Use Consultant	Multi/Tech Engineering 1155 SE 13th Street, Salem, OR 97302	503-363-9227 bdalton@mtengineering.net
Paid By	KCH Enterprises, LLC Terri Robinson		terri@harrisonindustries.net

Project information

1 Toject milot mation	
Project Valuation for Site Plan Review	
Neighborhood Association	SEMCA
Have you contacted the Neighborhood Association?	○ Yes
•	X No
Date Neighborhood Association contacted	NA
Describe contact with the affected Neighborhood Association	NA
(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.)	
Have you contacted Salem-Keizer Transit?	O Yes
planning@cherriots.org	⊙ No
Date Salem-Keizer Transit contacted	
Describe contact with Salem-Keizer Transit	
Type the name and address of the Homeowners Association	N/A
(If none, type "N/A".)	

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 entitles: 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: E	sy attaching att electro	me signature (whether typ	ed, graphical of fice form,
I certify herein that I have read, under	rstood and confirm all	the statements listed above	e and inroughout the
application form.	4 6		
Authorized Signature:	100000		
Print Name:		Date:	
Address (include ZIP):	, 0	7	
Authorized Signature:	SIPA K	Tot	
Print Name: Jose	PHR,	Fox Date:	
Address (include ZIP): 2262	MCGICHV19	T ST SE.	Swite 200
	SALEM	. OREGAN	97302
	(For office u	se only)	
Received by	Date:	Receipt Number:	