

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

Per Peter Domine, the waiver for exemption of the pre-application conference has been approved with the permit no. 24-120137-PA. We are now looking to submit a Class Design Review application.

We are proposing a LEVEL-1 renovation of an existing multi-family apartment complex at Orchard Park Gardens. The tenant improvement consists of new exterior finishes throughout the campus as well as minor interior upgrades to the existing clubhouse, laundry and mail room on site.

Class 1 Design Review

Work site location and information

Street address of or location of subject property	4100 KACEY CR NE SALEM OR 97305
Size of property (acres)	12.15
Tax Lot Number	073W12AA02400
Neighborhood Association	Northgate Neighborhood Association

People information

Applicant	IAN COOK	10900 NE 8TH ST STE 1650 BELLEVUE WA 98004	206-401-2444 ian.cook@dahlingroup.com
Owner	Ben Englund	ben.englund@aberdeencapital.com	
Owner	Corey Baldwin	corey.baldwin@aberdeencapital.com	
Owner	ORCHARD PARK HOUSIN	9600 SW OAK ST STE 230 PORTLAND OR 97223	503-393-2000
Contact	IAN COOK	10900 NE 8TH ST STE 1650 BELLEVUE WA 98004	206-401-2444 ian.cook@dahlingroup.com
Contact	Maarika Amado-Cattaneo	Maarika.Amado-Cattaneo@dahlingroup.com	

Project information

Site Area (Acreage)	12.15
Comprehensive Plan	None
Zoning	RM2 - MULTIPLE FAMILY RESIDENTIAL 2
Number of Lots	1
MS4 Reporting	No
Existing use structures and/or other improvements on site	YES
Neighborhood Association Contact	NONE
Salem-Keizer Transit Contact	NONE
Homeowners Association	Northgate Neighborhood Association

Land Use fees

Description	Amount
Automation Surcharge	\$5.00
Design Review - Class 1	\$739.00
Total Fees	\$744.00

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

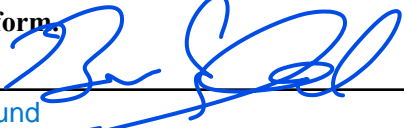
- Property owners and contract purchasers are required to authorize the filing of this application and must sign below. This signed form must be uploaded with other review documents.
- If the applicant and/or property owner is a Limited Liability Company (LLC), please also provide a list of all members 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 **IAN COOK** (PersonID: 390596) on **September 27, 2024** at **3:43 PM**.

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

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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: Ben Englund Date: 10/10/2024
Address (include ZIP): 8201 164th Ave NE #200, Redmond, WA 98052

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: