

## **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 #:		

on a second control of the second control of	<b>Work site location and information</b>
ect	Street address or location of subject
rty	property
ety	Total size of subject property
ers	Assessor tax lot numbers
er	Existing use structures and/or other
ite	improvements on site
ng	Zoning
on	<b>Comprehensive Plan Designation</b>
on	Project description

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant			
Agent			
Paid By			

**Project information** 

Yes
No
Yes
No

## 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)

application form.	liller	statements listed above and throughout the		
Authorized Signature:				
Print Name:		Date: Oct 18, 2024		
Address (include ZIP):				
Authorized Signature:				
Print Name:		Date:		
Address (include ZIP):				
(For office use only)				
Received by	Date:	Receipt Number:		

**Not using Internet Explorer?** 

Save the file to your computer and email to planning@cityofsalem.net.