



Land Use Application

Permit #: 24 118078 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

A site plan review and adjustments for a new two-story building.

Class 2 Adjustment

Class 3 Site Plan Review

Work site location and information

Street address of or location of subject property	4870 TURNER RD SE SALEM OR 97317
Size of property (acres)	2.70
Tax Lot Number	082W07C000502
Neighborhood Association	Southeast Mill Creek Association (SEMCA)

People information

Applicant	BRAND LAND USE	1720 LIBERTY ST SE SALEM OR 97302	503-680-0949 britany@brandlanduse.com
Owner	Lebowski Holdings LLC	aj@traditionrep.com	
Contact	Clutch Industries	AMANDA People Record: 352841	
Contact	Shelby Guizar	Shelby@brandlanduse.com	

Project information

Total Project Valuation	\$ 1,390,000.00
Site Area (Acreage)	2.7
Comprehensive Plan	IC
Zoning	IC
Number of Lots	1
Number of Class 2 Adjustments	1
Type of Plan Check	Commercial/Industrial
MS4 Reporting	Yes
Neighborhood Association Contact	Informative Email
Salem-Keizer Transit Contact	Informative Email
Homeowners Association	N/A



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Land Use fees

Description	Amount
Site Plan Review	\$4,474.00
Automation Surcharge	\$5.00
Zoning Adjustment - Class 2	\$1,989.00
Total Fees	\$6,468.00

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.

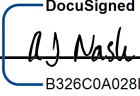
This application was electronically submitted to the City of Salem Permit Application Center by **BRAND LAND USE** (PersonID: 356998) on **August 26, 2024** at **9:11 AM**.

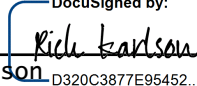


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I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

I (we) certify that I (we) have read, understood, and confirm all the statements listed above and throughout the application form.

Authorized Signature:  DocuSigned by: B326C0A028D84CE...
Printed Name: AJ Nash **Date:** 10/7/2024 | 16:08 PDT
Address (include ZIP): 4880 Turner Rd SE, Salem OR 97317

Authorized Signature:  DocuSigned by: D320C3877E95452...
Printed Name: Rich Karlson **Date:** 10/7/2024 | 16:10 PDT
Address (include ZIP): 4880 Turner Rd SE, Salem OR 97317

Authorized Signature: _____
Printed Name: _____ **Date:** _____
Address (include ZIP): _____

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