

# **Land Use Application**

Permit #: 24-123196-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**

Addition of second touchless car wash and coffee kiosk with both pedestrian and drive through serving windows.

Class 3 Site Plan Review

## Work site location and information

| Street address of or location of subject | 2390 COMMERCIAL ST SE                         |
|--|---|
| property                                 | SALEM OR 97302                                |
| Size of property (acres)                 | 0.00  |
| Tax Lot Number                           | 073W34CA03900                                 |
| Neighborhood Association                 | South Central Association of Neighbors (SCAN) |

### **People information**

Applicant RONALD PED 6850 BURNETT ST SE 503-363-1456

SALEM OR 97317 rjp@rktect.com

Owner RMH Properties, LLC 20550 HIGHWAY 22 Sheridan OR 97378

Contact RONALD PED 6850 BURNETT ST SE 503-363-1456 SALEM OR 97317 rjp@rktect.com

**Project information** 

Total Project Valuation \$ 10,000.00

Site Area (Acreage) 0

Comprehensive PlanMixed UseZoningMixed Use III

Type of Plan Check Commercial/Industrial

MS4 Reporting No

Existing use structures and/or other Existing touchless car wash

improvements on site

Neighborhood Association Contact Emailed neighborhood association and received a response noting

their receipt of email.

Salem-Keizer Transit Contact none

Homeowners Association South Central Association of Neighbors

AT YOUR SERVICE

Host: localhos

Land Use Application
Permit #: 24 110382 00 PLN

### Land Use fees

**Description**Site Plan Review
Automation Surcharge

**Amount** \$2,104.00

**Total Fees** 

\$2,109.00

\$5.00

### **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 **RONALD PED** (PersonID: 176135) on **May 10, 2024** at **11:22 AM**.



Land Use Application
Permit #: 24 110382 00 PLN

| 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:   |
| Printed Name: Lichar W Hoach Date: 7-31-2024  |
| Address (include ZIP): 20550 HWY 27 Sheritan OR 97378   |
| Authorized Signature: Miran Hoach   |
| Printed Name: Miriam Hoach Date: 7-31-202   |
| Address (include ZIP): 20550 Hary 22 Sheridan, 0R97378  |
|   |
| Authorized Signature:   |
| Printed Name: Date:   |
| Address (include ZIP):  |
|   |

|              | (For office use only) |                 |
|--------------|-----------------------|-----------------|
| Received by: | Date:                 | Receipt Number: |
| tear Loin    | 11/13/2024            |                 |



100 - Milides of Organization - Limited Liability Company (03/12)

Articles of Organization - Limited Liability Company
Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinginOreg.m.tor - none (543) 186 200

NOV 1 9 2013

|      | cordance with Oregon Revised Statute 192.410-192.490, all information on this for   | in is pul                       | blidy available, including addresses.  |  | RY OF STATE For office use only  |  |
|------|---|---------------------------------|--|--|--|--|
| Ples | cordance with Oregon Revised Statute Point request and it will be posted on our must release this information to all parties upon request and it will be posted on our use Type or Print Legibly in Black Ink. Attach Additional Sheet if Necess NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited LRMH Properties, LLC | ary.<br>Jability (              | Company" or the abbreviations "LLC" or "t  |  |  |  |
| 2)   | DURATION: (Please check one.)  [] Latest date upon which the Limited Liability Company is to dissolve is  |                                 | Name and Address of Each Person who is forming this business: (Organizer)  |  |  |  |
|      |   |                                 | Richard Hoach 20550 Hwy 22 Sheridan, OR 97378  |  |  |  |
|      |   |                                 |  |  |  |  |
|      |   |                                 |  |  |  |  |
| 3)   | REGISTERED AGENT: (Individual or entity that will accept legal service for this business)   |                                 |  |  |  |  |
|      | Richard Hoach   | _ 7)                            | HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?  |  |  |  |
| 41   | REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an  |                                 | This LLC will be member-managed by one or more members.  |  |  |  |
| 4)   | Oregon Street Address, which is identical to the registered agent's business office.)   |                                 | This LLC will be manager-ma  |  |  |  |
|      | 20550 Hwy 22  | 8)                              | IF RENDERING A LICENSED PROFI  |  | CE OR SERVICES,  |  |
|      | Sheridan, OR 97378  |                                 | DESCRIBE THE SERVICE(S) BEING RENDERED:  |  |  |  |
| 5)   | ADDRESS WHERE THE DIVISION MAY MAIL NOTICES: 20550 Hwy 22   |                                 | OPTIONAL PROVISIONS: (Altach a separate sheet if necessary.)  INDEMNIFICATION: The company elects to indemnify its members, manager employees, agents for liability and related expenses under ORS 63.18 |  | fy its members, managers,  |  |
|      | Sheridan, OR 97378  | h                               |  |  |  |  |
|      | (OPTIONAL) LIST MEMBERS AND   | oor M                           | ANAGERS NAMES AND ADDRESSES  |  |  |  |
| 10   | OWNERS: (MEMBERS) (Names and Street address)  |                                 | ) MANAGERS: (MANAGERS) (Names and Street address)  |  |  |  |
|      | Richard Hoach (20550 Hwy 22 Sheridan, OR 97378)   |                                 |  |  |  |  |
|      | Miriam Hoach (20550 Hwy 22 Sheridan, OR 97378)  |                                 |  |  |  |  |
|      | Whitain Hoder (2000 Fire)   | nomed                           | 40.44.00.005.004.000.000.000.000.000.000   | ************************************** |  |  |
|      |   |                                 |  |  |  |  |
| 12)  | EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BU<br>By my signature, I declare as an authorized authority, that this filing ha<br>and complete. Making false statements in this document is against the  | s heen                          | examined by me and is, to the best   | of my knowledg                         | .")<br>e and belief, true, correct,  |  |
|      |   |                                 | Name:  |  | tle:   |  |
|      |   | Richard Hoach                   |  |  | rganizer   |  |
|      |   | ******************************* |  |  | <u>Irganizer</u>   |  |
|      |   |                                 |  |  | )rganizer  |  |
|      |   | Š.                              |  | PECES MALICE PROPERTY STREET           | STOREST CHEST CHEST CONTROL CO |  |
| Car  | TACT NAME: (To rescrive questions with this filling )   | ET. PROS                        | FEES   | and a contraction                      | STEERING STATE AND STATE OF THE |  |
|      | RMH PROPERTIES, LLC   | Charles Can                     | Required Processing Fee \$100  |  |  |  |
|      |   |                                 | Processing Fees are nonrefundable. Please make check payable to "Corporation Division."  Free copies are available at FilingInOregon.com, using the Business Name Search program.                        |  |  |  |
|      | 97823497-14760410 NEWORG  | N.                              |  |  |  |  |