

**Planning/Permit Application Center**

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513

503-588-6173 \* [planning@cityofsalem.net](mailto: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.

(For office use only)

Permit #:

**Application type**

Please describe the type of land use action requested:

Adjustment (ADJ) Class-2

**Work site location and information**

<b>Street address or location of subject property</b>	1700 Baxter Road SE
<b>Total size of subject property</b>	5.04 Acres
<b>Assessor tax lot numbers</b>	083W14BD/Tax Lots 100 and 200
<b>Existing use structures and/or other improvements on site</b>	Existing SFD to be removed
<b>Zoning</b>	RMII
<b>Comprehensive Plan Designation</b>	Multi-Family Residential
<b>Project description</b>	138-Apartment Unit Development Class-2 Adjustment for Table 514-4 (Setbacks)

**People information**

	<b>Name</b>	<b>Full Mailing Address</b>	<b>Phone Number and Email address</b>
<b>Applicant</b>	Laura Robinson Neighborhoodly Development	2925 River Road Suite 100 Salem, OR 97302	<a href="mailto:laurar@neighborlydevelopment.com">laurar@neighborlydevelopment.com</a>
<b>Agent</b>	Brandie Dalton Land-Use Consultant	Multi/Tech Engineering 1155 SE 13th St., Salem, OR 97302	503-363-9227 <a href="mailto:bdalton@mtengineering.net">bdalton@mtengineering.net</a>

**Project information**

<b>Neighborhood Association</b>	South Gateway NA
<b>Have you contacted the Neighborhood Association?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Date Neighborhood Association contacted</b>	11/14/24
<b>Describe contact with the affected Neighborhood Association</b> (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.)	Attended the NA meeting on 7/11/24, 9/12/24, and 11/14/24 to discuss the project.
<b>Have you contacted Salem-Keizer Transit?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Date Salem-Keizer Transit contacted</b>	
<b>Describe contact with Salem-Keizer Transit</b>	NA

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

Authorized Signature: Louise Turnidge, Trustee

Print Name: Louise Turnidge, Trustee Date: 8-27-2024

Address (include ZIP): 3215 W Lynn St, Seattle, WA 98199

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](mailto:planning@cityofsalem.net).