

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:

Design Review (DR) Class-1

Work site location and information

(For office use only)	
Permit #:	

1700 Baxter Road SE
5.04 Acres
083W14BD/Tax Lots 100 and 200
Existing SFD to be removed
RMII
Multi-Family Residential
138-Apartment Unit Development

**People** information

Propie into	Name	Full Mailing Address	Phone Number and Email address
Applicant	Laura Robinson Neighborly Development	2925 River Road Suite 100 Salem, OR 97302	laurar@neighborlydevelopme nt.com
Agent	Brandie Dalton Land-Use Consultant	Multi/Tech Engineering 1155 SE 13th St., Salem, OR 97302	503-363-9227 bdalton@mtengineering.net

**Project information** 

South Gateway NA	
• Yes	
O No	
11/14/24	
Attended the NA meeting on 7/11/24, 9/12/24 and 11/14/24 to discuss the project.	
O Yes O No	
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.

Received by	Date:	Receipt Number:	
	(For office	use only)	
Address (include ZIP):			
Print Name:		Date:	
Authorized Signature:			
Address (include ZIP):	3215 W Lynn St, Seattle	e, WA 98199	
Print Name: Louise			8-27-2024
Authorized Signature:			

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