



Land Use Application
Permit #: 24 112803 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

Development of new 19 unit apartment complex and associated parking facilities.

Class 1 Design Review

Class 2 Driveway Approach Permit

Class 3 Site Plan Review

Work site location and information

Street address of or location of subject property	1790 WALLACE RD NW SALEM OR 97304
Size of property (acres)	0.00
Tax Lot Number	073W15CB00100
Neighborhood Association	West Salem Neighborhood Association

People information

Applicant	RONALD PED	6850 BURNETT ST SE SALEM OR 97317	503-363-1456 rjp@rktect.com
Owner	STEPHANIE FRY INC	777 SAHALEE DR SE SALEM OR 97306-9154	503-881-5951 richfry1@comcast.net
Contact	RONALD PED	6850 BURNETT ST SE SALEM OR 97317	503-363-1456 rjp@rktect.com
Contact	Trevor Bednarz	trevor@rktect.com 503-737-4191	

Project information

Total Project Valuation	\$ 2,700,000.00
Site Area (Acreage)	0
Comprehensive Plan	Multiple-Family Residential
Zoning	RM-1 Multiple Family Residential I
Number of Driveway Approaches	2
Type of Plan Check	Multi Family
MS4 Reporting	Yes
Existing use structures and/or other improvements on site	Existing asphalt roadway connection from Valley St NW to Wallace Rd NW
Neighborhood Association Contact	Emailed West Salem Neighborhood Association on 5/16/24.
Salem-Keizer Transit Contact	None
Homeowners Association	West Salem Neighborhood Association

Land Use fees

Description	Amount
Site Plan Review	\$6,184.00
Automation Surcharge	\$5.00
Design Review - Class 1	\$713.00
Driveway Approach - Class 2	\$1,328.00
Total Fees	\$8,230.00

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 **June 12, 2024** at **1:57 PM**.

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:

Date: 7-18-24

Address (include ZIP):

777 SAHLE DR SE SALEM OR 97306

Authorized Signature:

Printed Name:

Date:

Address (include ZIP):

Authorized Signature:

Printed Name:

Date:

Address (include ZIP):

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