CITY OF Salem AT YOUR SERVICE

Land Use Application
Permit #: **25 103545 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 modification and adjustment request to add an improved open space area to the Blossom Garden Apartments.
Class 2 Adjustment
Class 3 Site Plan Review - Modification

Work site location and information

Street address of or location of subject property	**3480 BLOSSOM DR NE SALEM OR 97305**
Size of property (acres)	3.55
Tax Lot Number	073W01A003300
Neighborhood Association	Northgate Neighborhood Association

Street address of or location of subject property	**3470 BLOSSOM DR NE SALEM OR 97305**
Size of property (acres)	6.50
Tax Lot Number	073W01A003301
Neighborhood Association	Northgate Neighborhood Association

People information

Applicant	BRAND LAND USE	1720 LIBERTY ST SE SALEM OR 97302	503-680-0949 britany@brandlanduse.com
Owner	Blossom Garden Apartments	360 Belmont St NE	
Contact	Shelby Guizar	Shelby@brandlanduse.com	

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Project information

Total Project Valuation	$ 670,000.00
Site Area (Acreage)	10.05
Comprehensive Plan	MF
Zoning	RM2
Number of Lots	2
Number of Class 2 Adjustments	1
Type of Plan Check	Multi Family
MS4 Reporting	Yes
Neighborhood Association Contact	N/A
Salem-Keizer Transit Contact	N/A
Homeowners Association	N/A

Land Use fees

Description		**Amount**
Site Plan Review		$2,051.50
Automation Surcharge		$5.00
Zoning Adjustment - Class 2		$1,989.00
	Total Fees	**$4,045.50**

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.

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This application was electronically submitted to the City of Salem Permit Application Center by **BRAND LAND USE** (PersonID: 356998) on **February 7, 2025** at **9:50 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: _____

Printed Name: Terence C Blackburn **Date:** 2/7/25

Address (include ZIP): 360 Belmont St NE, Salem, OR 97301

Authorized Signature: _____

Printed Name: Sean A. Blackburn **Date:** 2/7/25

Address (include ZIP): 360 Belmont St NE, Salem OR 97301

Authorized Signature: _____

Printed Name: _____ **Date:** _____

Address (include ZIP): _____

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