

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**

Property Line Adjustment Property Line Adjustment

### Work site location and information

Street address of or location of subject property	2267 JOPLIN CT S SALEM OR 97302	
Size of property (acres)	0.41	
Tax Lot Number	083W08DB00500	
Neighborhood Association	Sunnyslope Neighborhood Association	
Street address of or location of subject	2243 JOPLIN CT S	
Street address of or location of subject property	2243 JOPLIN CT S SALEM OR 97302	
property	SALEM OR 97302	

#### **People information**

Applicant	DAVIS DUGGER	20748 W PARKMEADOWS DR BUCKEYE AZ 85396	850-525-6166 viperwestdevelopment@gmail.cc
Owner	DAVIS DUGGER	20748 W PARKMEADOWS DR BUCKEYE AZ 85396	850-525-6166 viperwestdevelopment@gmail.cc
Contact	DAVIS DUGGER	20748 W PARKMEADOWS DR BUCKEYE AZ 85396	850-525-6166 viperwestdevelopment@gmail.cc



# Land Use Application Permit #: 25 103904 00 PLN

Project information			
Site Area (Acreage)	.8		
Comprehensive Plan	Adjust one shared property line boundary to more sensibly match existing easement. Western north-south property line of 2243 Joplin Ct and Eastern north-south property line of 2267 Joplin Ct.		
Zoning	Residential		
Number of Lots	2		
Number of Property Line Adjustments	1		
MS4 Reporting	No		
Neighborhood Association Contact	Email Sent no contact		
Salem-Keizer Transit Contact	Email Sent no contact		
Homeowners Association	n/a		
Land Use fees			
Description	Amount		
Lot Line Adjustment	\$2,564.00		
Automation Surcharge	\$5.00		
	Total Fees \$2,569.00		

# **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 **DAVIS DUGGER** (PersonID: 373105) on **February 12, 2025** at **11:31 AM**.



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 con throughout the application form.	firm all the statements listed above and
Authorized Signature:	
Printed Name:	
Address (include ZIP):	
Authorized Signature:	
Printed Name:	Date:
Address (include ZIP):	
Authorized Signature:	
Printed Name:	Date:

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