

Land Use Approval Extension Application

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.

Land use approval that extension is requested for

Application type	CU-SPR-Adj-DAP-DR
Case No	CU-SPR-Adj-OAP-OR21-02
Expiration date	Apr.16,2025

Work site location and information

of K site location and information			
Street address or location of subject	3290 Boone Road SE		
Total size of subject property	+		
	II to all the second and the second		
Assessor tax lot numbers			
Zoning	IC		
Comprehensive Plan Designation			
Project description	210-Dwelling Units		
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People information

r copic info	Name	Full Mailing Address	Phone Number and Email address
Applicant	MWSH Boone Road Property, LLC	3425 Boone Road SE Salem, OR 97317	
Agent	Brandie Dalton Land-Use Consultant	Multi/Tech Engineering 1155 SE 13th Street, Salem, OR 97302	503-363-9337 bdalton@mtengineering.net
Paid by	John Eld		JEld@livebsl.com

Authorization by property owner(s)/applicant

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 attachin I certify herein that I have read, understood and		signature (whether typed, graphical or free form) statements listed above and throughout the			
application form. Authorized Signature: Production		00 10			
	The second secon	d tor)			
Print Name: Brandie De	alten	Date: 3-13-25			
Address (include ZIP):					
Authorized Signature:					
Print Name:		Date:			
Address (include ZIP):					
(For office use only)					
Received by	Date:	Receipt Number:			