

Land Use Application
Permit #: 25 106682 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

Site plan review, adjustments, driveway approach permit, and tree variance application for a 62,649 square foot building addition.

Class 2 Adjustment

Class 2 Driveway Approach Permit

Class 3 Site Plan Review

Tree Variance

Work site location and information

Street address of or location of subject	1805 OXFORD ST SE
property	SALEM OR 97302
Size of property (acres)	28.02
Tax Lot Number	073W35BA02800
Neighborhood Association	Southeast Salem Neighborhood Association (SESNA)

People information

Applicant	BRAND LAND USE

1720 LIBERTY ST SE

503-680-0949

SALEM OR 97302

britany@brandlanduse.com

Owner

SALEM WATUMULL LLC 307 LEWER ST UNIT 600

HONOLULU HI 96815-2364

Contact

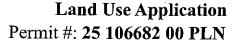
Dalke Construction

tracie@dalkeconstruction.com

Contact

Shelby Guizar

Shelby@brandlanduse.com





Project information

Total Project Valuation	\$ 5,300,000.00
Site Area (Acreage)	28.02
Comprehensive Plan	IND
Zoning	IG
Number of Lots	1
Number of Class 2 Adjustments	4
Number of Driveway Approaches	2
Number of significant trees proposed for removal	2
Type of Plan Check	Commercial/Industrial

MS4 Reporting Yes

Neighborhood Association ContactInformational LetterSalem-Keizer Transit ContactInformational Letter

Homeowners Association N/A

Land Use fees

Description		Amount
Site Plan Review		\$8,477.00
Tree Regulation Variance		\$2,879.00
Automation Surcharge		\$5.00
Driveway Approach - Class 2		\$1,376.00
Zoning Adjustment - Class 2		\$2,889.00
	Total Fees	\$15,626.00

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.



Land Use Application
Permit #: 25 106682 00 PLN

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 **BRAND** LAND USE (PersonID: 356998) on March 24, 2025 at 10:56 AM.



Land Use Application Permit #: 25 106682 00 PLN

I (we) certify that I (we) throughout the applicati	have read, understood, and confirm all the statem on form.	ents listed above and
Authorized Signature:	Jady Waterall	
Printed Name:	LAIDEN WATUMIN MANAGER	Date: <u> </u>
Address (include ZIP):	307 Lewers St. 6th Floor Honolulu, HI 9	
Authorized Signature:		
Printed Name:		Date:
Address (include ZIP):		
Authorized Signature:		
Printed Name:		Date:
Address (include ZIP):		

	(Aforoffice;use;mly))	
Received by	Date: Receip Number:	