



Land Use Application
Permit #: 25 107366 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

Colonia Libertad 1 is an existing affordable multi-family housing project located on Saddle Club Road. This land use application is being submitted as required by the City of Salem code for a rehabilitation of the exterior and minor/ select site and interior replacements.

Class 1 Design Review

Class 2 Site Plan Review

Work site location and information

Street address of or location of subject property	2911 SADDLE CLUB ST SE SALEM OR 97317
Size of property (acres)	2.96
Tax Lot Number	082W06DA00300
Neighborhood Association	Southeast Mill Creek Association (SEMCA)

People information

Applicant	MARTIN SEGURA	630 SW 5TH AV STE 400 PORTLAND OR 97204	503-206-3190 martin.segura@carletonhart.com
Owner	FARMWORKER HOUSING	1274 5TH ST SUITE 214 WOODBURN OR 97071-4146	503-981-1618
Contact	Kayla Zander	kayla.zander@carletonhart.com	

Project information

Total Project Valuation	\$ 7,522,543.00
Site Area (Acreage)	2.96
Comprehensive Plan	N/A
Zoning	RM2
Number of Lots	1
Type of Plan Check	Multi Family
MS4 Reporting	No
Existing use structures and/or other improvements on site	All buildings on site are existing to remain, with exterior replacement of items such as windows, cladding, rainscreen, roofing, etc.
Neighborhood Association Contact	N/A - We did not contact the Neighborhood Association for the rehabilitation scope.
Salem-Keizer Transit Contact	N/A - We did not contact Salem-Keizer Transit for the rehabilitation scope.
Homeowners Association	N/A

Land Use fees

Description	Amount
Site Plan Review	\$9,995.00
Automation Surcharge	\$5.00
Design Review - Class 1	\$739.00
Total Fees	\$10,739.00

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 **MARTIN SEGURA** (PersonID: 399164) on **April 2, 2025** at **9:20 AM**.

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

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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:** _____

Address (include ZIP): _____

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: