

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

The proposed project is a new 4,500 SF commercial building on a 23,779 SF parcel. The site is located at the southeast corner of the intersection of Commercial Street SE and Hilfiker Street SE in Salem, Oregon. The proposed uses are a 3,200 SF dental office and a 1,300 SF food tenant.

Class 3 Site Plan Review

Work site location and information

Street address of or location of subject property	0 HILFIKER LN SE SALEM OR 97302
Size of property (acres)	0.00
Tax Lot Number	083W10DA01300
Neighborhood Association	Morningside Neighborhood Association

People information

Applicant	JEFFREY BENNER	80 SE MADISON ST STE 214 PORTLAND OR 97214	503-784-6022 jbenner@bsaarch.com
Owner	Neil Madewell, Phillips Edis 801-415-4364		
Contact	JEFFREY BENNER	80 SE MADISON ST STE 214 PORTLAND OR 97214	503-784-6022 jbenner@bsaarch.com
Contact	Whitney Ruckel, Benner Sta 503-465-5632		

Project information

Total Project Valuation	\$ 900,000.00
Site Area (Acreage)	0
Number of Lots	1
Type of Plan Check	Commercial/Industrial
MS4 Reporting	Yes
Existing use structures and/or other improvements on site	(None)
Neighborhood Association Contact	Morningside Neighborhood Association (last contact - April 16, 2025); Fay Wright Neighborhood Association (last contact - April 16, 2025)
Salem-Keizer Transit Contact	(Not Applicable)
Homeowners Association	(Not Applicable)

Land Use fees

Description	Amount
Site Plan Review	\$4,103.00
Automation Surcharge	\$5.00
Total Fees	\$4,108.00

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 **JEFFREY BENNER** (PersonID: 393502) on **April 18, 2025** at **4:51 PM**.

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: