Land Use Application

(For office use only)

Permit #:



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.

Application type

Please describe the type of land use action requested:

Subdivision

Work site loc

cation and information	

N Acre 083W21AB/Tax Lot 200		
Existing Single Family Dwelling to Remain		
RS		
n Single-Family Residential		
5-Lot Subdivision		
7		

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	Cameron Xun Li	2659 Commercial Street SE, Suite 200 Salem, OR 97302	503-587-9937 xun@lilacwellness.com
Agent	Brandie Dalton Land-Use Consultant	Multi/Tech Engineering 1155 SE 13th St., Salem, OR 97302	503-363-9227 bdalton@mtengineering.net

Project information

Neighborhood Association	South Gateway NA	
Have you contacted the Neighborhood Association?		
Date Neighborhood Association contacted	12/10/24	
Describe contact with the affected Neighborhood Association (The City of Salem recognizes, values, and supports the involvement of residents in land use decisions affecting neighborhoods across the city and strongly encourages anyone requesting approval for any land use proposal to contact the affected neighborhood association(s) as early in the process as possible.)	Via Email	
Have you contacted Salem-Keizer Transit?	O Yes O No	
Date Salem-Keizer Transit contacted		
Describe contact with Salem-Keizer Transit	NA	

Authorization by property owner(s)/applicant

*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.

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 attaching an electronic signature (whether typed, graphical or free form)

Electronic signature certification: By attach I certify herein that I have read, understood and	ng an ciccuc d confirm all	the statements listed above and throughout the
	g commit an	The Management of the Control of the
application form.		
Authorized Signature:		
Print Name: Cameron Li		Date: 01/22/2025
Address (include ZIP): 2659 Commerce	cial St.	SE, Suite 200, Salem, OR 97302
Authorized Signature:		
Print Name:		Date:
Address (include ZIP):		
	(For office	use only)
Received by	Date:	Receipt Number:

Not using Internet Explorer?

Save the file to your computer and email to planning@cityofsalem.net.