

Land Use Application
Permit #: 25 110554 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**

Class 2 Site Plan Review Application for Portable Church Classroom Space

Class 2 Site Plan Review

### Work site location and information

Street address of or location of subject 1110 17TH ST NE property SALEM OR 97301

Size of property (acres) 0.71

Tax Lot Number 073W23DA12600

Neighborhood Association Northeast Neighbors (NEN)

### **People information**

Applicant STEPHEN ELZINGA 2945 COOKE ST S 503-784-2234

SALEM OR 97302 stephen.elzinga@gmail.com

Owner EVERGREEN PRESBYTEI 1110 17TH ST NE 503-371-1177

**SALEM OR 97301** 

Contact Christopher Bechtel christopher@evergreensalem.org

Contact STEPHEN ELZINGA 2945 COOKE ST S 503-784-2234

SALEM OR 97302 stephen.elzinga@gmail.com

**Project information** 

Total Project Valuation \$ 86,000.00

Site Area (Acreage) .71

Type of Plan Check Commercial/Industrial

MS4 Reporting No

**Existing use structures and/or other**No change to existing structures/improvements; portable classroom

improvements on site building will be placed on parking lot

Neighborhood Association Contact Provided heads up several weeks ago on plan for possible portable

classroom building in parking lot

Salem-Keizer Transit Contact None
Homeowners Association None



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### Land Use fees

DescriptionAmountSite Plan Review\$2,180.00Automation Surcharge\$5.00Total Fees\$2,185.00

### **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 **STEPHEN ELZINGA** (PersonID: 402531) on **May 19, 2025** at **9:15 PM**.



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I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:		
I (we) certify that I (we) have read, understood, and othroughout the application form.	confirm all the statements listed above and	
Authorized Signature:		
Printed Name:	<b>5</b> .	
4.11 (4.1.1.7TP)		
Authorized Signature:		
Printed Name:	Date:	
Address (include ZIP):		
Authorized Signature:		
Printed Name:	Date:	
4.11 (* 1.1.71D)		

(For office use only)			
Received by:	Date:	Receipt Number:	