

**Land Use Application** Permit #: 25 112780 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**

Land Use Verification Letter Land Use Verification All Others

### Work site location and information

Street address of or location of subject 4710 MILL CREEK DR SE

property **SALEM OR 97317** 

Size of property (acres) 27.80

Tax Lot Number 082W080000600

Neighborhood Association Southeast Mill Creek Association (SEMCA)

# People information

4402 20TH ST **Applicant** JARED AURAND 253-620-8203

TACOMA WA 98424 jaurand@gensco.com

Owner OREGON DEPT OF ADMII

4402 20TH ST JARED AURAND Contact 253-620-8203

27.8

TACOMA WA 98424 jaurand@gensco.com

**Project information** 

Site Area (Acreage) Yes **MS4** Reporting

**Homeowners Association** Mill Creek Corporate center Owners Association, Inc.

c/o Oregon Department of Administrative Services

1225 Ferry Street SE, Salem, OR 97301

### Land Use fees

Description Amount Verification of Land Use - all others \$359.00 Automation Surcharge \$5.00

> \$364.00 **Total Fees**



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## **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 **JARED AURAND** (PersonID: 403359) on **June 19, 2025** at **6:21 AM**.



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(we) hereby give notice	of the following concealed or unconcealed dangerous	conditions on th	e property:
hroughout the application	nave read, understood, and confirm all the statement	s listed above an	d
Authorized Signature: Crinted Name:Address (include ZIP):	Malters 4402 20th St EFIFE, WA		6/19/2025
Authorized Signature:  Printed Name:  Address (include ZIP):		Date:	
Authorized Signature:	St.		
Address (include ZIP):			
	(For office use only)		
Received by:	Date:	Receipt Number:	