



Land Use Application
Permit #: 25 113263 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 3 Site Plan Review, Conditional Use Permit, and Class 2 Adjustments
Class 2 Adjustment
Class 3 Site Plan Review
Conditional Use

Work site location and information

| | |
|---|---|
| Street address of or location of subject property | 375 MADRONA AV S SALEM OR 97302 |
| Size of property (acres) | 4.26 |
| Tax Lot Number | 083W04AD07800 |
| Neighborhood Association | SouthWest Association of Neighbors (SWAN) |

People information

| | | | |
|------------------|---------------------|--|--|
| Applicant | BRAND LAND USE | 1720 LIBERTY ST SE SALEM OR 97302 | 503-680-0949 britany@brandlanduse.com |
| Owner | SALEM HEIGHTS CHURC | 375 MADRONA AV S SALEM OR 97302-5627 | 503-588-0403 joeg@salemheightschurch.org |
| Contact | Joseph Greenwood | joeg@salemheightschurch.org | |
| Contact | Mike Junge | mjunge@facetarchitects.com | |
| Contact | Shelby Guizar | shelby@brandlanduse.com | |

Project information

| | |
|---|-----------------------|
| Total Project Valuation | \$ 1,260,000.00 |
| Site Area (Acreage) | 4.26 |
| Number of Class 2 Adjustments | 4 |
| Type of Plan Check | Commercial/Industrial |
| MS4 Reporting | Yes |
| Neighborhood Association Contact | Informational letter |
| Salem-Keizer Transit Contact | Informational letter |
| Homeowners Association | n/a |

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:

Joseph Greenwood

Printed Name:

Joseph Greenwood

Date:

6/30/2025

Address (include ZIP):

6185 Joseph St. SE Salem, Or 97317

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: |