



LAND USE APPLICATION

Application Type: TYPE II SITE PLAN REVIEW & UGA PERMIT

APPLICANT INFORMATION

(Check one box below for designated contact person regarding this application)

☐ Applicant Name: M & T Partners

Daytime Phone: (503) 624-6300

Mailing Address: 15350 SW SEQUOIA PARKWAY STE 300

Fax Number: _____

City/State: PORTLAND, OR

Zip: 97224

Email: _____

matto@pactrust.com
scotth@pactrust.com

☒ Agent: W. BOSH WELLS - WESTECH ENGINEERING

Daytime Phone: _____

Mailing Address: 3841 FARVIEW IND. DR SE STE 100

Fax Number: _____

City/State: SALEM, OR

Zip: 97302

Email: _____

jwells@westech-eng.com
600 (B 3W 11D)
702 (B 3W 12C)

PROPERTY INFORMATION

4826 BATTLE CREEK RD SE

7.49 AC

(Street Address or Location of Subject Property)

(Total Size of Subject Property)

(Assessor Tax Lot Numbers)

VACANT

CO & CR

commercial

(Existing Use, Structures, and/or Other Improvements On Site)

(Zoning)

(Comp Plan Designation)

PROPOSED PROJECT INFORMATION

2 BUILDINGS & SITE IMPROVEMENTS - 1, 15000 SF MED. OFFICE, 1-23,100 SF MED. OFFICE

(Describe the Proposed Use or Development of Subject Property)

NEIGHBORHOOD ASSOCIATION:

CONTACTED? ☒ Yes ☐ No

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.

Spoke @ meeting to discuss our proposed development.

6/14/2012

(Describe Contact with the Affected Neighborhood Association)

Date Contacted

SALEM - KEIZER TRANSIT CONTACTED?

☐ Yes ☒ No

(Describe Contact with Salem - Keizer Transit)

Date Contacted

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 land use application.

(Property owners and contract purchasers are required to authorize the filing of this application and must sign below)

1 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.

2 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.

3 I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

M&T Partners, Inc., a Delaware corporation

[Signature]

Scott D. Hodson, Vice President

June 26, 2012

(Signature)

(Print Name)

(Date)

15350 SW Sequoia Parkway, Suite 300, Portland, OR 97224

(Address - Include Zip)

(Signature)

(Print Name)

(Date)

(Address - Include Zip)

STAFF USE ONLY - DO NOT WRITE BELOW - STAFF USE ONLY	
Received By: <u>AP</u>	Date: <u>6/29/2012</u> Receipt No. <u>12-110418-LD</u>