

Land Use Approval Extension Request

APPLICANT INFORMATION

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

☐ Applicant Name: Harry Epping Daytime Phone: _____
Mailing Address: _____ Fax Number: _____
City/State: _____ Zip: _____ Email: _____
☒ Agent: Mark Grenz, P.E. Daytime Phone: 503-363-9227
Mailing Address: 1155 13th St SE Fax Number: _____
City/State: Salem, OR Zip: 97302 Email: mgrenz@mtengineering.net

PROPERTY INFORMATION

North Star Subdivision
(Street Address or Location of Subject Property) (Total Size of Subject Property) (Assessor Tax Lot Numbers)
(Zoning) (Comp Plan Designation)

LAND USE APPROVAL THAT EXTENSION IS REQUESTED FOR

2-year time extension Sub07-13A 12-18-15
(Application Type) (Case No.) (Expiration Date)

AUTHORIZATION BY PROPERTY OWNER(S) / APPLICANT

(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: _____

Mark Grenz _____ 5-21-15
(Signature) (Print Name) (Date)

(Address - Include Zip)

(Signature) (Print Name) (Date)

(Address - Include Zip)

STAFF USE ONLY - DO NOT WRITE BELOW - STAFF USE ONLY		
Received By: <u>STG</u>	Date: <u>05/22/15</u>	Receipt No. <u>15-109539-LD</u>