

LAND USE APPLICATION

Application Type: zone change / partition

APPLICANT INFORMATION

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

☐ Applicant Name: River Building, L.L.C. Daytime Phone: 503-588-1944
Mailing Address: 3155 River Road S, Suite 150 Fax Number: 503-588-1946
City/State: Salem OR Zip: 97302 Email: terrence@kaylawfirm.com

☒ Agent: Terrence Kay, Attorney Daytime Phone: 503-588-1944
Mailing Address: 3155 River Road S, Suite 150 Fax Number: 503-588-1946
City/State: Salem OR Zip: 3155 River Road S, Suite 150 Email: terrence@kaylawfirm.com

PROPERTY INFORMATION

3155-3175 River Road S 1.89 acres 083W05AA00100
(Street Address or Location of Subject Property) (Total Size of Subject Property) (Assessor Tax Lot Numbers)
commercial buildings CR/AR
(Existing Use, Structures, and/or Other Improvements On Site) (Zoning) (Comp Plan Designation)

PROPOSED PROJECT INFORMATION

construction of residence on the portion to be created by partition or boundary adjustment

(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.

(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:

[Signature] Terrence Kay, Member 10/8/2015
(Signature) (Print Name) (Date)

3155 River Road S, Salem OR 97302
(Address - Include Zip)

[Signature] [Print Name] [Date]
(Signature) (Print Name) (Date)

(Address - Include Zip)

Received By: <u>BCE</u>	STAFF USE ONLY - DO NOT WRITE BELOW	STAFF USE ONLY
Date: <u>10/9/15</u>	Receipt No. <u>15-118609-ZO/15-118610-LD</u>	