

Application Type: Urban Growth Area (UGA) Permit			
APPLICANT INFORMATION	C		
(Check one box below for designated contact person regarding this application of the literature of the	Daytime Phone:	503 580-3243	
E.Applicant Name: Seth Drager	Fax Number:	11/4	
Mailing Address: 4734 Marion Hill Road	Mary	C D - VICE C	10. 1
City/State: Tuner OR Zip: 9739	2 Email:	Schrager 4/8/a	Comail Com
■ Agent: Brandie Dalton, Land-Use Planner	Daytlme Phone:	503-363-9227	
Malling Address: 1155 SE 13th Street	Fax Number:		
City/State: Salem, Oregon Zip: 97302	Email:	bdalton@mtengineering.net	
PROPERTY INFORMATION		77	
Reed Road Property (See attached maps)	Assessor's Map Attached	8360 12C 700	
(Street Address or Location of Subject Property)	(Total Size of Subject Property)	(Assessor Tax Lot Numbers)	
ž.	CR and RM2	Developing Residential	
(Existing Use, Structures, and/or Other Improvements On Site)	(Zoning)	(Comp Plan Designation)	.38
PROPOSED PROJECT INFORMATION	,		
UGA (Describe the Proposed Use or Development of Subject Property)			
NEIGHBORHOOD ASSOCIATION:	CONTA	CTED? Tyes No	
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	t	at of all mambars of the LLC	17
"If the applicant and/or property owner is a Limited Liability Company (LLC), with your land use application. (Property owners and contract purchasers are required to authorize the filling All signatures represent that they have full legal capacity to and hereby do information and exhibits herewith submitted are true and correct. I (we) hereby grant consent to the City of Salem and its officers, agents, or property identified above to conduct any and all inspections that are considered. I (we) hereby give notice of the following concealed property:	of this application and a authorize the filing of th mployees, and/or indep ered appropriate by the	must sign below) is application and certify that the tendent contractors to enter the to City to process this application.	
(Signature) (Signature) (Signature)		7-3-17 (Date)	2
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(Address - Include Zip			3.
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STAFF USE ONLY - DO NOT WRITE BELOW People of By: Receipt No.	- STAFF USE ONLY		

8/28/2015



Application Type: Urban Growth Area (UGA) Permit		
APPLICANT INFORMATION	rational	
(Check one box below for designated contact person regarding this applicated Applicant Name:	Daytime Phone:	503555-6317
vougras mages	Fax Number:	
	Email:	-
Jale M. Or		
■ Agent: Brandie Dalton, Land-Use Planner	Daytime Phone:	503-363-9227
Malling Address: 1155 SE 13th Street	Fax Number:	
City/State: Salem, Oregon Zip: 97302	Email:	bdalton@mtengineering.net
PROPERTY INFORMATION		C- 40 -202
Reed Road Property (See attached maps)	Assessor's Map Attached (Total Size of Subject	(Assessor Tax Lot Numbers)
(Street Address or Location of Subject Property)	Property)	(material Tax 2011 to mostly)
(e)	CR and RM2	Developing Residential
(Existing Use, Structures, and/or Other Improvements On Site)	(Zoning)	(Comp Plan Designation)
PROPOSED PROJECT INFORMATION		
UGA		
(Describe the Proposed Use or Development of Subject Property)		
NEIGHBORHOOD ASSOCIATION: The City of Salem recognizes, values, and supports the involvement of resident	CONTA	ACTED? Yes No
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(Describe Contact with Salem – Keizer Transit)		Date Contacted
AUTHORIZATION BY PROPERTY OWNER(s) / APPLICANT		
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(Signature) (Signature) (Address-Include Zignature)	(Print Name) (P7 3 0 2	2-3-1" (Date)
(Signature)	(Print Name)	(Date)
(Address - Include Zip	0)	
STAFF USE ONLY - DO NOT WRITE BELOW	- STAFF USE ONLY	
Received By: Date: Receipt No.		



Application Type: Urban Growth Area (UGA) Permit		
APPLICANT INFORMATION		
(Check one box below for designated contact person regarding this applied to the state of the st		E00 704 7504
Applicant Name: Boulder Hill, LLC (Robert Nunn)	Daytime Phone:	
Mailing Address: 841 SW Gaines Street #606	Fax Number:	971-808-0010
City/State: Portland, Oregon Zip: 97239	Email:	ROBERT @ ROBERT NUNN.
■ Agent: Brandie Dalton, Land-Use Planner	Daytime Phone:	503-363-9227
Mailing Address: 1155 SE 13th Street	Fax Number:	
City/State: Salem, Oregon Zip: 97302	Email:	bdalton@mtengineering.net
PROPERTY INFORMATION		
Reed Road Property (See attached maps)	Assessor's Map Attached	083W011D 100, 200, 60
(Street Address or Location of Subject Property)	(Total Size of Subject Property)	(Assessor Tax Lot Numbers)
	CR and RM2	Developing Residential
(Existing Use, Structures, and/or Other Improvements On Site)	(Zoning)	(Comp Plan Designation)
PROPOSED PROJECT INFORMATION		
IGA		
Describe the Proposed Use or Development of Subject Property)		ACTED? Tyes No
VEIGHBORHOOD ASSOCIATION: The City of Salem recognizes, values, and supports the involvement of resic		17
across the city and strongly encourages anyone requesting approval for a	ny land use proposal to c	ontact the affected
Describe Contact with the Affected Neighborhood Association) SALEM - KEIZER TRANSIT CONTACTED? Yes No		Date Contacted
Describe Contact with Salem – Keizer Transit)		Date Contacted
AUTHORIZATION BY PROPERTY OWNER(s) / APPLICANT		Balo Collination
*If the applicant and/or property owner is a Limited Liability Company (LLC), piease also provide a il:	st of all members of the LLC
v ith your land use epplication. Property owners and contract purchasers are required to authorize the filin	g of this application and	must sign below)
All signatures represent that they have full legal capacity to and hereby on tormation and exhibits herewith submitted are true and correct.	lo authorize the filing of th	is application and certify that the
I (we) hereby grant consent to the City of Salem and its officers, agents,	employees, and/or indep	endent contractors to enter the
roperly Identified above to conduct any and all inspections that are consi I (we) hereby give notice of the following concealed	aerea appropriate by the or unconcealed da	ngerous conditions on the
roperly:		
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(Signature)	(Print Name)	(Date)
	W W	
(Address - Include Zi	(a	
(Signature)	(Print Name)	(Date)
(Address - Include Zi	p)	
STAFF USE ONLY - DO NOT WRITE BELOW	/ - STAFF USE ONLY	
ecelved By: Date: Receipt Na.		
:\CD\PLANNING\APPLICATION Info & Forms\Application Packets\Land Use Applica	tion.doc	8/28/2015



Application Type: Urban Growth Area (UGA) Permit		
APPLICANT INFORMATION	90	
(Check one box below for designated contact person regarding this applica		507 704 300H
Mapplicant Name: Pringle Creek LC (Robert Dun		503-704-7584
Mailing Address: 0941 sw Gaines St. \$606	Fax Number:	971-808-0010
Clty/State: Ventland OR 97239 Zip:	Emali:	ROBERT WILL
■ Agent: Brandie Dalton, Land-Use Planner	Daytime Phone:	503-363-9227
Malling Address: 1155 SE 13th Street	Fax Number:	
City/State: Salem, Oregon Zip: 97302	Email:	bdalton@mtengineering.net
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A VALUE AND A CONTRACTOR OF A CASE O		Dale Condeled
SALEM - KEIZER TRANSIT CONTACTED? Yes No		Date Confected
Describe Contact with Salem – Keizer Transit)		Date Contacted
Describe Contact with Salem – Keizer Transit)	niasca pien mmyiris s jis	Date Contacted
Describe Contact with Salem – Keizer Transit) AUTHORIZATION BY PROPERTY OWNER(s) / APPLICANT *If the applicant and/or property owner is a Limited Liability Company (LLC), in the source of the same		Date Contacted
Describe Contact with Salem – Keizer Transit) AUTHORIZATION BY PROPERTY OWNER(s) / APPLICANT *If the applicant and/or property owner is a Limited Liability Company (LLC), is with your land use application. Property owners and contract purchasers are required to authorize the filing of a liability contact that they have full legal capacity to and hereby do normalion and exhibits herewith submitted are true and correct.	of this application and i authorize the filing of thi	Date Contacted at of all members of the LLC must sign below) s application and certify that the
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Check one box below for designated contact person regarding this applicate $oldsymbol{A}$ Applicant Name: $oldsymbol{A}$	Day Hima Dhana	503 508 7931
Danie Cicer are france	Fax Number:	30,000
Mailing Address: 5450 Zera Rd NW City/State: Galam OR Zip: 97364		astive stackus Eyaho
City/State: Salem OR Zip: 9736		4
Agent: Brandie Dalton, Land-Use Planner	Daytime Phone:	503-363-9227
Malling Address: 1155 SE 13th Street	Fax Number:	0 X
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Reed Road Property (See attached maps)	Assessor's Map Attached	93W12B 1600
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Describe the Proposed Use or Development of Subject Property)		
EIGHBORHOOD ASSOCIATION:	CONT	ACTED? Yes No
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eighborhood association(s) as early in the process as possible.	y lana use proposari lo c	Solitaci ille allected
eighborhood association(s) as early in the process as possible. Describe Contact with the Affected Neighborhood Association)	y land use proposario	Date Contacted
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APPLICANT INFORMATION	и п т	
(Check one box below for designated contact person regarding this appropriate to the contact person regarding the contact	Daytlme Phone:	00/ 9112 6225
Applicant Name: Hobbs Family Property Trust	Fax Number:	206 842-5325
Mailing Address: 911 Big Fir Lane NE		iobsbiegmail.com (
City/state: Bainbridge Island WA Zip: 98	illo Email: Est	10013DIEZMANT CONT
	Daytlme Phone:	503-363-9227
Malling Address: 1155 SE 13th Street	Fax Number:	
City/State: Salem, Oregon Zip: 9730)2 Email:	bdalton@mtengineering.net
PROPERTY INFORMATION		
Reed Road Property (See attached maps)	Assessor's Map Attached	93W 110 500460
(Street Address or Location of Subject Property)	(Total Size of Subject Property)	(Assessor Tax Lot Numbers)
ž	CR and RM2	Developing Residential
(Existing Use, Structures, and/or Other Improvements On Site)	(Zoning)	(Comp Plan Designation)
PROPOSED PROJECT INFORMATION		
Victoria Viv		
UGA [Describe the Proposed Use or Development of Subject Property	/)	
NEIGHBORHOOD ASSOCIATION:		ACTED? Yes INO
across the city and strongly encourages anyone requesting approval for neighborhood association(s) as early in the process as possible.	any lana use proposal to c	Mildel life difected
(Describe Contact with the Affected Neighborhood Association	1	Date Contacted
(Describe Contact with the Affected Neighborhood Association)	Date Contacted
(Describe Contact with the Affected Neighborhood Association SALEM – KEIZER TRANSIT CONTACTED?		Date Contacted
SALEM - KEIZER TRANSIT CONTACTED? Yes No		
SALEM - KEIZER TRANSIT CONTACTED? Yes No (Describe Contact with Salem - Keizer Transit)		Date Contacted Date Contacted
(Describe Contact with Salem - Keizer Transit)		Date Contacted
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