



LAND USE APPLICATION

Application Type: Urban Growth Area (UGA) Permit

APPLICANT INFORMATION

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

☒ Applicant Name: Seth Drager

Daytime Phone: 503 580-3243

Mailing Address: 4734 Marion Hill Road

Fax Number: N/A

City/State: Turner OR Zip: 97392

Email: Sdrager1978@gmail.com

☐ 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

83612C 200

(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

UGA

(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: NONE

Seth Drager
(Signature)

Seth Drager
(Print Name)

2-3-17
(Date)

4734 Marion Hill Rd S, Turner OR 97392
(Address - Include Zip)

(Signature)

(Print Name)

(Date)

(Address - Include Zip)

STAFF USE ONLY - DO NOT WRITE BELOW - STAFF USE ONLY

Received By:

Date:

Receipt No.

LAND USE APPLICATION

Application Type: Urban Growth Area (UGA) Permit

APPLICANT INFORMATION

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

☒ Applicant Name: Douglas Drager Daytime Phone: 503 585-4317
Mailing Address: 4700 Battle Creek Rd SE Fax Number: _____
City/State: Salem OR Zip: 97302 Email: _____

☐ 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 83W110 202
(Street Address or Location of Subject Property) (Total Size of Subject Property) (Assessor Tax Lot Numbers)
CR and RM2 Developing Residential
(Zoning) (Comp Plan Designation)

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

PROPOSED PROJECT INFORMATION

UGA

(Describe the Proposed Use or Development of Subject Property)

NEIGHBORHOOD ASSOCIATION:

CONTACTED? ☐ Yes ☒ No

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(Describe Contact with Salem - Keizer Transit)

Date Contacted

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

(X) Douglas M. Drager Douglas M. Drager 2-3-17
(Signature) (Print Name) (Date)
4700 Battle Creek Rd SE Salem OR 97302
(Address - Include Zip)

(Signature)

(Print Name)

(Date)

(Address - Include Zip)

STAFF USE ONLY - DO NOT WRITE BELOW - STAFF USE ONLY

Received By: _____ Date: _____ Receipt No. _____



LAND USE APPLICATION

Application Type: Urban Growth Area (UGA) Permit

APPLICANT INFORMATION

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

☐ Applicant Name: Boulder Hill, LLC (Robert Nunn)

Daytime Phone: 503-704-7584

Mailing Address: 841 SW Gaines Street #606

Fax Number: 971-808-0010

City/State: Portland, Oregon

Zip: 97239

Email: ROBERT @ ROBERT NUNN.COM

☒ 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 100,200,601

(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

UGA

(Describe the Proposed Use or Development of Subject Property)

NEIGHBORHOOD ASSOCIATION:

CONTACTED? ☐ Yes ☒ No

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Date Contacted

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(Describe Contact with Salem - Keizer Transit)

Date Contacted

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

Robert W. Nunn, Manager
(Signature)

ROBERT W. NUNN
(Print Name)

29 Jan 2017
(Date)

(Address - Include Zip)

(Signature)

(Print Name)

(Date)

(Address - Include Zip)

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LAND USE APPLICATION

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APPLICANT INFORMATION

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

☒ Applicant Name: Pringle Creek LLC (Robert Nunn)

Daytime Phone: 503-704-7584

Mailing Address: 0841 SW Gaines St. #606

Fax Number: 971-808-0010

City/State: Portland OR 97239

Zip:

Email: ROBERT@ROBERTNUNN.COM

☐ 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

083W 0110 400

(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

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

Robert W. Nunn, Manager
(Signature)

ROBERT W. NUNN
(Print Name)

29 JAN 2017
(Date)

0841 SW GAINES ST #606, PORTLAND OR 97239
(Address - Include Zip)

(Signature)

(Print Name)

(Date)

(Address - Include Zip)

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LAND USE APPLICATION

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APPLICANT INFORMATION

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

☒ Applicant Name: Battle Creek LLC (Julie A. Singer) Daytime Phone: 503 508 7931

Mailing Address: 5450 Zena Rd NW

Fax Number: _____

City/State: Salem OR

Zip: 97304

Email: jastivestackus@yahoo.com

☐ 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

93 W 12B 1600

(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)

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

(X) Julie A. Singer

(Signature)

Julie A. Singer

(Print Name)

2/5/17

(Date)

5450 Zena Rd NW

Salem, OR 97304

(Address - Include Zip)

(Signature)

(Print Name)

(Date)

(Address - Include Zip)

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LAND USE APPLICATION

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APPLICANT INFORMATION

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

☐ Applicant Name: Hobbs Family Property Trust

Daytime Phone: 206 842-5325

Mailing Address: 9711 Big Fir Lane NE

Fax Number:

City/State: Bainbridge Island WA Zip: 98110

Email: cjhobbsbi@gmail.com (X)

☒ 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

83W 110 5004603

(Street Address or Location of Subject Property)

(Total Size of Subject Property)

(Assessor Tax Lot Numbers)

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

(X) Craig S. Hobbs, Trustee Craig S. Hobbs, Trustee 3/25/17
(Signature) (Print Name) (Date)

9711 Big Fir Ln NE, Bainbridge Isl., WA 98110
(Address - Include Zip)

(X) Janis D. Hobbs, Trustee Janis D. Hobbs, Trustee 3/25/17
(Signature) (Print Name) (Date)

9711 Big Fir Ln NE, Bainbridge Isl., WA 98110
(Address - Include Zip)

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Received By:

Date:

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