



# LAND USE APPLICATION

Application Type: Subdivision/Adjustment

## APPLICANT INFORMATION

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

☐ Applicant Name: Julie A. Singer

Daytime Phone: 503-581-7930

Mailing Address: 5450 Zena Rd NW

Fax Number: \_\_\_\_\_

City/State: Salem, OR Zip: 97304

Email: jasluxstackus@yahoo.com

☒ Agent: Brandle Dalton, Land-Use Planner

Daytime Phone: 503-383-9227

Mailing Address: 1155 13th Street SE

Fax Number: \_\_\_\_\_

City/State: Salem/OR Zip: 97302

Email: \_\_\_\_\_

## PROPERTY INFORMATION

Reed Road

(Street Address or Location of Subject Property)

(Total Size of Subject Property)

083W110/TL100, 200, 400, 600  
083129/TL1600

(Assessor Tax Lot Numbers)

Vacant

RA

'Developing Res'

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

(Zoning)

(Comp Plan Designation)

## PROPOSED PROJECT INFORMATION

Subdivision

(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)

• 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.

• 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.

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

Julie A. Singer  
(Signature)

Julie A. Singer  
(Print Name)

7/9/18  
(Date)

5450 Zena Rd NW

Salem, OR 97304  
(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.

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8/28/2015



## LAND USE APPLICATION

Application Type: Subdivision/Adjustment

### 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: 0841 Gaines St #606

Fax Number: \_\_\_\_\_

City/State: Portland

Zip: 97239

Email: robert@robertnunn.com

☒ Agent: Brandle Dalton, Land-Use Planner

Daytime Phone: 503-363-9227

Mailing Address: 1155 13th Street SE

Fax Number: \_\_\_\_\_

City/State: Salem/OR

Zip: 97302

Email: \_\_\_\_\_

### PROPERTY INFORMATION

Reed Road

083W110/TL 100, 200, 400, 600  
083128/TL 1600

(Street Address or Location of Subject Property)

(Total Size of Subject Property)

(Assessor Tax Lot Numbers)

Vacant

RA

'Developing Res'

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

(Zoning)

(Comp Plan Designation)

### PROPOSED PROJECT INFORMATION

Subdivision

(Describe the Proposed Use or Development of Subject Property)

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CONTACTED? ☐ Yes ☒ No

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(Describe Contact with the Affected Neighborhood Association)

Date Contacted \_\_\_\_\_

SALEM - KEIZER TRANSIT CONTACTED? ☐ Yes ☒ No

(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:

Boulder Hill LLC by Robert Nunn, MANAGER ROBERT NUNN 9 July 2018

0841 SW GAINES ST. #606 PORTLAND OR 97239

(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. \_\_\_\_\_