

# LAND USE APPLICATION

Application Type: Subdivision

## APPLICANT INFORMATION

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

☐ Applicant Name: HSF Development, LLC (Chris Jundt) Daytime Phone: \_\_\_\_\_  
Mailing Address: 3425 Boone Road SE Fax Number: \_\_\_\_\_  
City/State: Salem/Oregon Zip: 97317 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: \_\_\_\_\_

## PROPERTY INFORMATION

6719 Devon Avenue 19.89 Acres 083W22C/TL300  
(Street Address or Location of Subject Property) (Total Size of Subject Property) (Assessor Tax Lot Numbers)  
SFD and Vacant RA 'Developing Res'  
(Existing Use, Structures, and/or Other Improvements On Site) (Zoning) (Comp Plan Designation)

## PROPOSED PROJECT INFORMATION

86-Lot Single Family Dwelling 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

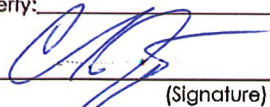
*\*If the applicant and/or property owner is a Limited Liability Company (LLC), please also provide a list of all members of the LLC with your land use application.*

(Property owners and contract purchasers are required to authorize the filing of this application and must sign below)

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: \_\_\_\_\_

 Chris Jundt 10/2/18  
(Signature) (Print Name) (Date)  
3425 Boone Rd SE Salem OR 97317  
(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. \_\_\_\_\_