

Application Type: _____

APPLICANT INFORMATION

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

☐ Applicant Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax Number: _____

City/State: _____ Zip: _____ Email: _____

☐ Agent: _____ Daytime Phone: _____

Mailing Address: _____ Fax Number: _____

City/State: _____ Zip: _____ Email: _____

PROPERTY INFORMATION

(Street Address or Location of Subject Property) (Total Size of Subject Property) (Assessor Tax Lot Numbers)

(Existing Use, Structures, and/or Other Improvements On Site) (Zoning) (Comp Plan Designation)

PROPOSED PROJECT INFORMATION

(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) (Print Name) (Date)

(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. _____



(Signature)

(Print Name)

(Date)

(Address - Include Zip)



(Signature)

(Print Name)

(Date)

(Address - Include Zip)



(Signature)

(Print Name)

(Date)

(Address - Include Zip)



(Signature)

(Print Name)

(Date)

(Address - Include Zip)



(Signature)

(Print Name)

(Date)

(Address - Include Zip)



(Signature)

(Print Name)

(Date)

(Address - Include Zip)