

Site Plan Review Application

Planning/Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513

503-588-6173 * planning@cityofsalem.net

If you need the following translated in Spanish, please call 503-588-6256. Si usted necesita lo siguiente traducido en español, por favor llame 503-588-6256.

Application type

O Class 1
O New

O Class 2

O Class 3

O Modification

(For office use only) Permit #: 19-107585-ZO

Work	site	location	and	inf	orm	ation
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Street address or location of subject property	tax lot 2900, section 35BD, township 7 south, range 3 west
Total size of subject property	2.72 acres
Assessor tax lot numbers	
Existing use structures and/or other improvements on site	
Zoning	IG
Comprehensive Plan Designation	Industrial
Project description	proposed construction of 7 self storage structures

Adjustment

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	Storage 4 Less Dean Pollman	PMB 418, 4746 Commercial St SE Salem, OR 97302	503-581-1597 jacquie@conkraftconstruction.co
Agent			

Project information

Project valuation	\$0 to less than \$500,000
Neighborhood Association	
Have you contacted the Neighborhood Association?	
	⊙ No
Date Neighborhood Association contacted	
Describe contact with the affected Neighborhood Association (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.)	
Have you contacted Salem-Keizer Transit?	O Yes O No
Date Salem-Keizer Transit 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), please also provide a list of all members of the LLC with your application.

Copyright release for government entities: I hereby grant permission to the City of Salem to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

Authorizations: 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:

Electronic signature certification:			
I certify herein that I have read unders	tood and confirm all the	ne statements listed above and through	shout the
application form.			
Authorized Signature:			
Print Name: Dean Pollman		Date: 3/15/19	· · · · · · · · · · · · · · · · · · ·
Address (include ZIP): PMB 418, 4	746 Commercial St	SE - Salem OR 97302	
Authorized Signature:			
Print Name: Dean Pollman		Date: 3/15/19	
Address (include ZIP):			
	(For office use	only)	
Received by	Date:	Receipt Number:	
S.L.	3.20.19	19-107585-ZO	