

(For office use only)
Permit #: 19-117677-ZO



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

Please describe the type of land use action requested:

Conditional Use Permit

Work site location and information

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|---------------------------------------|---|--|
| Street address or location of subject | 4700 Block of Liberty Road South | |
| property | | |
| Total size of subject property | 1.6 Acres | |
| Assessor tax lot numbers | 083W09DB/00400, 00500, 00600, 00800, 00900, 01000 | |
| Existing use structures and/or other | Existing retail center, recently removed. Single Family home removed. | |
| improvements on site | | |
| Zoning | CR & CO | |
| Comprehensive Plan Designation | Commercial | |
| Project description | New retail center with multifamily apartments above commercial space | |
| | | |
| 8/2/2/3 | | |

People information

| 1 copie information | | | | |
|---------------------|--------------------------|--|--|--|
| | Name | Full Mailing Address | Phone Number and Email address | |
| Applicant | Jim Iverson | 1995 Cunningham LN, S Salem, OR 97303 | jiminvestmentproperties@comcast .net | |
| Agent | Studio 3 Gene Bolante | 275 Court Street NE Salem, OR 97301 | 503.390.6500 gene@studio3architecture.com | |

Project information

| Neighborhood Association | |
|--|-------|
| Have you contacted the Neighborhood Association? | ⊙ Yes |
| | O 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 |
| | ⊙ 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: By attaching an electronic signature (whether typed, graphical or free form)

| I certify herein that I have read, unde application form. | erstood and confirm all the | ne statements listed above and throughout the | | |
|---|-----------------------------|---|--|--|
| Authorized Signature: | | · · · · · · · · · · · · · · · · · · · | | |
| Print Name: | Lurson | Date: 8/2/2019 | | |
| Address (include ZIP): | | | | |
| Authorized Signature: | | | | |
| Print Name: | Date: | | | |
| Address (include ZIP): | | | | |
| | (For office use | e only) | | |
| Received by | Date: | Receipt Number: | | |
| Sally Long | 8-7-19 | 19-117677-ZO | | |