



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:

Class II Adjustment Permit

Work site location and information

(For office use only)	
Permit #:	
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Street address or location of subject	4700 Block of Liberty Road South		
Total size of subject property			
Assessor tax lot numbers	083W09DB/00400, 00500, 00600, 00800, 00900, 01000		
Existing use structures and/or other improvements on site			
Zoning	CR and CO		
Comprehensive Plan Designation	Commercial		
Project description	New retail center with multifamily apartments above commercial space.		
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People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	Jim Iverson		jmiinvestmentproperties@comcas
			t.net
Agent	Studio 3	275 Court Street NE	503-390-6500
	Gene Bolante	Salem, OR 97301	gene@studio3architecture.com

Project information

Have you contacted the Neighborhood Association? 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? Date Salem-Keizer Transit contacted Describe contact with Salem-Keizer Transit	Neighborhood Association	
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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.	rstood and confirm all the	statements listed above and	i throughout the
Authorized Signature:			
Print Name:	person	Date: 10/2	7/20/9
Address (include ZIP): 1995	Curringhan L	1 S. Salin,	OR 97302
Authorized Signature:			,
Print Name:	Virrow	Date: /0/2	9/2019
Address (include ZIP): 1995	Couring from La	S. Salm, or	97302
	(For office use o	nly)	
Received by	Date:	Receipt Number:	
Sally Long	10-30-19	19-122832-ZO	