



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:

SUBDIVISION TENTATIVE PLAN

Work site location and information

(For office use only) Permit #:

Street address or location of subject property	4560 CENTER STREET NE SALEM, OR 97301
Total size of subject property	4.71 Acres
Assessor tax lot numbers	072W30AA08000
Existing use structures and/or other improvements on site	Vacant
Zoning	RA - Residential Agriculture
Comprehensive Plan Designation	Developing Residential
Project description	24-LOT RESIDENTIAL SUBDIVISION

People information

	Name	Full Mailing Address	Phone Number and Email address	
Applicant	DON JENSEN	5190 KALE ST. SE SALEM OR 97305	(503) 932-2259	
Agent	PDG (MARK FERRIS)	200 HAWTHORNE AVE., SUITE A-100 SALEM OR	(503) 939-3723	

Project information

Neighborhood Association	East Lancaster Neighborhood Assn.
Have you contacted the Neighborhood Association?	O Yes
	⊙ 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)

application form.	nd confirm all the	statements listed ab	ove and throughout the	
Authorized Signature:		_		
Print Name:	enk	Date:	11 /22/19	
Address (include ZIP): 5190 Kale St	-, SE, Salem	OR 97305		
Authorized Signature:				
Print Name:		Date:		
Address (include ZIP):				
	(For office use of	nlv)		
Received by	Date:	Receipt Number:		
Sally Long	12-6-19	19-125242-	[.D	