

Land Use Application

(For office use only)

Permit #:

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 3-Adjustment

Work	site	location	and	inform	ation

· ·	
Doaks Ferry Road (Eagles View Phase 6)	
Acres	
7.3.30/Tax Lot 100	
Vacant	
RS	
'Single-Family Residential'	
31-lot single-family dwelling subdivision/with lot septh	
Adjustment	

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	Comfort Homes	PO Box 4607 Salem/OR 97304	503-409-2282 Conforthomesonweguaile
Agent	Brandie Dalton Land-Use Consultant	Multi/Tech Engineering 1155 SE 13th Street, Salem, OR, 97302	503-363-9227 bdalton@mtengineering.net

Project information

Neighborhood Association	West Salem Neighborhood Association
Have you contacted the Neighborhood Association?	⊙ Yes
	O No
Date Neighborhood Association contacted	12-18-2019
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?	Via Email and Phone Call w/Kevin Chambers Will be attending a NA meeting in January O Yes
Have you contacted Salent-Reizer Transit:	⊙ 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, under application form.	stood and confirm all the	statements listed above and thi	oughout the
Authorized Signature:	the		
Print Name: Andre	Makarenko	Date: 12/23	19
Address (include ZIP): Po	BUX 5607,	Salem UR 97	1304
Authorized Signature:	te		
Print Name:		Date:	
Address (include ZIP):			
Xmallania .	(For office use or	dy)	
Received by	Date:	Receipt Number:	

Not using Internet Explorer?

Save the file to your computer and email to planning@cityofsalem.nct.