

Land Use Application

Planning/Permit Application Center City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513 503-588-6173 * planning@cityofsalem.net

(For office use only)
Permit #:

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 Modification

Work site location and information

ork site location and information			
Street address or location of subject property	Battle Creek Road and Reed Road		
Total size of subject property	32.55 Acres		
Assessor tax lot numbers	083W12B/Tax Lot 1600 and 1699, 083W11D/Tax Lot 400		
Existing use structures and/or other improvements on site			
Zoning	RS and RM		
Comprehensive Plan Designation			
Project description	Modifiy-SUB-ADJ19-08 & UGA17-03MOD1 approval		

People information

503-363-9227
bdalton@mtengineering.net

Project information

Morningside Neighborhood Association
O Yes
⊙ No
O Yes
⊙ No

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, understood and confirm all the statements listed above and throughout the application form.

Authorized Signature: Robert Num		
Print Name: Robert Nunn		Date:02-09-2021 3:15 PM PST
Address (include ZIP):		
Authorized Signature:		
Print Name:	- At At	Date:
Address (include ZIP):		
	(For office use o	nly)
Received by	Date:	Receipt Number:

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