

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:

Type 2

Work site location and information

Street address or location of subject property	Salem Airport 2990 25th Street SoutheastSalem, Oregon, 97302
property	
Total size of subject property	
Assessor tax lot numbers	
Existing use structures and/or other	
improvements on site	
Zoning	IP
Comprehensive Plan Designation	
Project description	Aircraft Hangar

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	Word of Life Fellowship	P.O.Box 17817 Salem, OR 97305	503-559-0536
	Church		pyoung@wolife.org
Agent			
Paid By			

Project information

200,000.00
O Yes
⊙ No
O Yes
⊙ No

(For office use only) Permit #:

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: Paul D. Young //ee	
Print Name: Paul D. Young	Date: <u>5/19/20</u>
Address (include ZIP): P.O Box17817/ 4705 Portland Rd NE	Salem, OR 97305
Authorized Signature:	
Print Name:	Date:
Address (include ZIP):	

(For office use only)				
Received by	Date:	Receipt Number:		
Sally Long	5-19-21	21-109485-RP		