(11) CITY/COUNTY PLANN			
(TO BE COMPLETED BY L	OCAL PLANN	ING OFFICIAL	L)
I have reviewed the project described	d in this applicatior	n and have determ	ined that:
☐This project is not regulated by	the comprehensive	e plan and land us	e regulations
☐This project is consistent with the	ne comprehensive	plan and land use	regulations
This project is consistent with the			
☐Ćonditional Use Approv	•	•	3
☐Development Permit			
☑Other Permit (explain in	comment section	below) CPC-ZC-F	PUD-SUB-ADJJ19-08, Approved
☐This project is not currently con			
consistent requires:		p. ooo p.a	ana iana assa sgalalishe i sa sa
□Plan Amendment			
☐Zone Change			
☐Other Approval or Revie	w (explain in com	ment section helow	v)
An application or variance request <u>ha</u>			
An application of variance request in	as <u>nas not </u> t		pprovais required above.
Local planning official name (print)	Title		City / County
Aaron Panko	Planner III		Salem
Aaron Panko	1 Idillici III		Salem
Signature \		Date	
		6/21/202	91
mp		0/21/202	- '
Comments:			
Project area is within the City of Salem			
permits authorizing ground disturbing a			
State Historic Preservation Office/Tribe	es either through the	Army Corps or direct	ctly. Salem Inadvertent Discovery Plan
required.			
The applicant shall obtain City of Saler	n permits for any dev	velopment and/or gr	ound disturbing activity on the subject
property.			

(12) COASTAL ZONE CERTIFICATION

If the proposed activity described in your permit application is within the <u>Oregon Coastal Zone</u>, the following certification is required before your application can be processed. The signed statement will be forwarded to the Oregon Department of Land Conservation and Development (DLCD) for its concurrence or objection. For additional information on the Oregon Coastal Zone Management Program and consistency reviews of federally permitted projects, contact DLCD at 635 Capitol Street NE, Suite 150, Salem, Oregon 97301 or call 503-373-0050 or click <u>here</u>.

CERTIFICATION STATEMENT

I certify that, to the best of my knowledge and belief, the proposed activity described in this application complies with the approved Oregon Coastal Zone Management Program and will be completed in a manner consistent with the program.

Print /Type Applicant Name Not Applicable	Title
Applicant Signature	Date