

## **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

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:

For office use	only)
Permit #:	

**People information** 

	Name	Full Mailing Address	Phone Number and Email address
Applicant			
Agent			
Paid By			

**Project information** 

1 Toject miormation	
Project Valuation for Site Plan Review	
Neighborhood Association	
Have you contacted the Neighborhood Association?	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?	Yes
	No
Date Salem-Keizer Transit contacted	N/A
Describe contact with Salem-Keizer Transit	
Type the name and address of the Homeowners Association	
(If none, type "N/A".)	

## 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.

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form)

- § 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.
- $\S$  I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

I certify herein that I have read, understood		0	
application form.  Authorized Signature:			
Authorized Signature:	Carlon		
Print Name:		Date:	
Address (include ZIP):			
Authorized Signature:			
Print Name:		Date:	
Time Name.		Bate	
Address (include ZIP):			
, <u> </u>			
	(For office use of	only)	
Received by	Date:	Receipt Number:	
· ·		21-113071-LD	
Sally Long	7-14-2021	21 110071 LD	

**Not using Internet Explorer?** 

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