To Julie Foster:

I, Scott Martin, on behalf of 3030 Riverbend LLC, affirm that it continues to be my full intent to purchase the property located at 2539 Wallace Rd NW in Salem Oregon from you for the price of \$275,000.00 as described in our executed Sale Agreement #2539WallaceRd.

Scott C Martin

3030 Riverbend LLC

06-08-2021

Date

06-11-2021



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:

SITE PLAN REVIEW - CLASS 3, ADJUSTMENT - CLASS 2

Work site location and information

work site rocation and information			
Street address or location of subject property	2499, 2501,2519 WALLACE RD & 2539 WALLACE RD		
Total size of subject property	7.29 +/- acres		
Assessor tax lot numbers	900, 1000, 1101 & 1301 7.3.9CD & 1300 7.3.9CD		
Existing use structures and/or other	ISingle-family dwellings		
improvements on site			
Zoning	MU-II		
Comprehensive Plan Designation	Mixed-Use		
Project description	¹ 189 UNIT MULTI-FAMILY DEVELOPMENT WITH OFFICE/RECREATION BUILDING AND POOL		

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	SCOTT MARTIN	PO BOX 5850, SALEM, OR 97304	(503) 931-1739 smconstruction@sendmemail.me
Agent	SAM THOMAS, LENITY	3150 KETTLE COURT SE, SALEM, OR	(503) 399-1090 samt@lenitvarchtiecture.com
Paid By	SCOTT MARTIN CONSTRUCTION_LLC	PO BOX 5850, SALEM, OR 97304	(503) 931-1739 smconstruction@sendmemail.me

Project information

Project Valuation for Site Plan Review	26,000,000.00
Neighborhood Association	west salem neighborhood association
Have you contacted the Neighborhood Association?	• Yes
	O No
Date Neighborhood Association contacted	3/4/2021
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?	Sent e-mail with site plan to chair and land use chair O Yes O No
Date Salem-Keizer Transit contacted	
Describe contact with Salem-Keizer Transit	
Type the name and address of the Homeowners Association (If none, type "N/A".)	N/A

Land Use Application - Page 1 of 2

Land Use Application

(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:	
Print Name: Scott Martin	Date: <u>3/4/21</u>
Address (include ZIP): PO BOX 5850, SALEM, OR 97304	
Authorized Signature: Julie Foster	
Print Name:	Date:
Address (include ZIP): 404 Antler Drive, San Antonio, Texas 78213	

(For office use only)				
Received by	Date:	Receipt Number:		