



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.

(For office use only)

Permit #: 21 115353 00 RP

21 115356 00 ZO

21 115357 00 DR

Application type

Please describe the type of land use action requested:

SPR 3, DR 1, Class 2 Driveway

Work site location and information

Street address or location of subject property	420 Center Street
Total size of subject property	0.68 acres
Assessor tax lot numbers	073W22DC05100
Existing use structures and/or other improvements on site	Existing retail building
Zoning	CB
Comprehensive Plan Designation	
Project description	Remove existing building, provide new multi family building.

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	Deacon Development, LLC	901 NE Glisan St. Suite 100 Portland, OR 97232	503.297.8791 steve.deacon@deacon.com
Agent	Studio 3 Architecture	275 Court St NE Salem, OR 97301	503-390-6500
Paid By	Deacon Development, LLC	901 NE Glisan St. Suite 100 Portland, OR 97232	503.297.8791 steve.deacon@deacon.com

Project information

Project Valuation for Site Plan Review	12,000,000.00
Neighborhood Association	
Have you contacted the Neighborhood Association?	<input checked="" type="radio"/> Yes <input type="radio"/> 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.)	Neal Kern was contacted, he is the President of the Association. Neal invited Deacon to give a presentation on 9/21 or 10/19, which we intend to do.
Have you contacted Salem-Keizer Transit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Date Salem-Keizer Transit contacted	8/10/2021
Describe contact with Salem-Keizer Transit	Deacon advised of intended use via email.
Type the name and address of the Homeowners Association (If none, type "N/A".)	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.
- 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:  8/10/2021

Print Name: Steven Deacon, Manager Date: _____

Address (include ZIP): 901 NE Glisan St. Suite 100 Portland, OR 97232

Authorized Signature: _____

Print Name: _____ Date: _____

Address (include ZIP): _____

(For office use only)		
Received by Brandon Pike	Date: Aug. 13, 2021	Receipt Number: 21 115353 00 RP 21 115356 00 ZO 21 115357 00 DR

Not using Internet Explorer?

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