

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 #: **21-119953-RP**

21-119956-ZO

Application type

Please describe the type of land use action requested:

CLASS 3 SITE PLAN REVIEW & (5) CLASS 2 ADJUSTMENTS

Work site location and information

Street address or location of subject property	4000 DEERHAVEN DRIVE NE
Total size of subject property	7.94 Acres
Assessor tax lot numbers	7S-3W-12AC, TL 3200 & 3201
Existing use structures and/or other improvements on site	Hallman Elementary School
Zoning	CR/RS
Comprehensive Plan Designation	COM/SFR
Project description	APPLICANT PROPOSES AN ADDITION TO THE EXISTING SCHOOL BUILDING THAT WILL CONTAIN TWO (2) CLASSROOMS, INTERIOR RENOVATIONS INCLUDING A SECURITY VESTIBULE REMODEL

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	SALEM-KEIZER SCHOOL DISTRICT 241/IOEL	3630 STATE ST, SALEM, OR 97301	503-399-3290 smallwood_ioel@salkeiz.k12.or
Agent	SAALFELD GRIGGS PC/MARK SHIPMAN	PO BOX 470, SALEM, OR 97308	503-399-1070 mshipman@sglaw.com , Margaret@sglaw.com , hstevenson@sglaw.com
Paid By	SALEM-KEIZER SCHOOL DISTRICT 241/IOEL	3630 STATE ST, SALEM, OR 97301	Same as above

Project information

Project Valuation for Site Plan Review	3,146,983.00
Neighborhood Association	Northgate Neighborhood Association
Have you contacted the Neighborhood Association?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date Neighborhood Association contacted	10/19/2021
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.)	Email
Have you contacted Salem-Keizer Transit? planning@cherriots.org	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date Salem-Keizer Transit contacted	10/19/2021
Describe contact with Salem-Keizer Transit	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: Joel Smallwood

Print Name: Joel Smallwood Date: 10/20/21

Address (include ZIP): 3630 STATE ST, SALEM, OR 97301

Authorized Signature: _____

Print Name: _____ Date: _____

Address (include ZIP): _____

(For office use only)		
Received by Kyle Kearns, Planner II	Date: 10/22/21	Receipt Number: 21-119953-RP 21-119956-ZO

Reset form

Submit (IE 11 only)

Not using Internet Explorer?

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