

# **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 #:	

n	Work site location and information
ct	Street address or location of subject
ty	property
ty	Total size of subject property
rs	Assessor tax lot numbers
er	Existing use structures and/or other
te	improvements on site
ng	Zoning
on Control of the Con	Comprehensive Plan Designation
on	Project description

**People information** 

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

**Project information** 

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
planning@cherriots.org	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".)	

### 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:

9	, ,			typed, grapinical of free form)		
I certify herein that I have	read, understood and confi	rm all the s	tatements listed al	pove and throughout the		
application form.	, , , ,	( (1				
Authorized Signature: _	Somea arno	M/				
Print Name: _Jessica Wood		10	Date: _	1/10/22		
Address (include ZIP):	26 NE Alberta St., Suite	202, Portla	and, OR 97211	,		
Authorized Signature: $oxedsymbol{iggl[}$						
Print Name:			Date: _			
Address (include ZIP):						
(For office use only)						
Received by	Date:		Receipt Number:			

**Not using Internet Explorer?** 

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

#### **CDP Oregon LLC Members**

## Members' Names and Business Addresses

#### LLC Interest

#### MEMBER

Eric Paine 80.00%

c/o Community Development Partners, Inc. 126 NE Alberta Street, Suite 202 Portland, Oregon 97211

#### MEMBER

Kyle Paine 20.00%

c/o Community Development Partners, Inc. 3416 Via Oporto, Suite 301

Newport Beach, California 92663