

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 #:

Application type

Please describe the type of land use action requested:

2-PARCEL PARTITION CREATING A CONSERVATION PARCEL AND PUD MODIFICATION

Work site location and information

Street address or location of subject property	1320 ORCHARD HEIGHTS RD. NW
Total size of subject property	7.75 Acres
Assessor tax lot numbers	Tax Lot 1600 of Map Number 07316CD
Existing use structures and/or other improvements on site	7 buildings containing multifamily homes
Zoning	Residential Agriculture (RA)
Comprehensive Plan Designation	Single Family Residential (SF)
Project description	MODIFICATION OF THE GLEN CREEK VILLAGE PUD TO ALLOW A 2-PARCEL PARTITION CREATING A CONSERVATION PARCEL FOR DEDICATION TO THE CITY.

People information

	Name	Full Mailing Address	Phone Number and Email address
Applicant	STEVE WALDRON	360 CHURCH ST. SE, SALEM OR 97301-3707	Contact Applicant's Agent
Agent	DAISY GOEBEL, AKS ENGINEERING & FORESTRY	3700 RIVER ROAD N, SUITE 1 KEIZER, OR 97303	(503) 400-6028, GoebelD@aks-eng.com
Paid By	APPLICANT		

Project information

Project Valuation for Site Plan Review	N/A
Neighborhood Association	West Salem Neighborhood Association
Have you contacted the Neighborhood Association?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date Neighborhood Association contacted	March 31, 2022
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.)	Attached letter emailed to chair and land use chair of Neighborhood Association on March 31, 2022
Have you contacted Salem-Keizer Transit? planning@cherriots.org	<input type="radio"/> Yes <input checked="" type="radio"/> No
Date Salem-Keizer Transit contacted	N/A
Describe contact with Salem-Keizer Transit	N/A
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:  _____

Print Name: Nichole Utz, Salem Housing Authority **Date:** 04/19/2022

Address (include ZIP): 360 Church St. SE, Salem OR 97301-3707

Authorized Signature: _____

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.