

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 (For office use only) Permit #:

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:
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Conditional - Use

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Street address or location of subject property	Woodside Drive
Total size of subject property	1.71 Acres
Assessor tax lot numbers	083W14CB/Tax Lots 2401 and 2501
Existing use structures and/or other improvements on site	
Zoning	RA and IC
Comprehensive Plan Designation	'Developing Residential' and 'Industrial Commercial'
Project description	Conditional-Use

People information

	Name	Full Mailing Address	Phone Number and Email address	
Applicant JCT Construction Group, LI		201 Ferry Street SE, Suite 400 Salem, Oregon 97301		
Agent	Brandie Dalton Land-Use Consultant	Multi/Tech Engineering 1155 SE 13th Street, Salem Oregon 97302	503-363-9227 bdalton@mtengineering.net	
Paid By	Jim Cain	201 Ferry Street SE, Suite 400 Salem, Oregon 97301	jim@hcainconst.com	

Project information

South Gateway NA
O Yes
⊙ No
5/21/2021
Via email
The state of
O Yes
⊙ No

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 Signa	ature: Toka	ON CON-Jumes Tables A. II. OL CON-Jumes Tables A. III. OL CON-Jumes Table		
Print Name:	James Tokarski	0400	Date:	
Address (include	ZIP) : 201 Ferry St SE S	uite 400 Salem OR 97301		
Authorized Sign	ature:			
Print Name:			Date:	
Address (include	zIP):			
E ZEL STORES		(For office us	se only)	
Received by		Date:	Receipt Number:	