



# 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](mailto:planning@cityofsalem.net)

(For office use only)  
 Permit #: **22-113604**

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:

Site Plan Review class 1

## Work site location and information

<b>Street address or location of subject property</b>	198 Commercial ST SE Suite 100 Salem Oregon 97301
<b>Total size of subject property</b>	.46 acres
<b>Assessor tax lot numbers</b>	073W27AB07600
<b>Existing use structures and/or other improvements on site</b>	Existing office building
<b>Zoning</b>	CB
<b>Comprehensive Plan Designation</b>	
<b>Project description</b>	Interior tenant improvement for office use. Modify interior partitions, add new accessible restroom. New finishes throughout.

## People information

	<b>Name</b>	<b>Full Mailing Address</b>	<b>Phone Number and Email address</b>
<b>Applicant</b>	CPR Oregon	PO Box 5517 Salem, Or 97304	paul@cproregon.com
<b>Agent</b>	Matt Johnson	275 Court ST NE Salem, OR 97301	matt@studio3architecture.com 5033906500
<b>Paid By</b>	Studio 3 Architecture	275 Court ST NE Salem, OR 97301	matt@studio3architecture.com 5033906500

## Project information

<b>Project Valuation for Site Plan Review</b>	150.00
<b>Neighborhood Association</b>	
<b>Have you contacted the Neighborhood Association?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Date Neighborhood Association contacted</b>	
<b>Describe contact with the affected Neighborhood Association</b> (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.)	
<b>Have you contacted Salem-Keizer Transit?</b> <a href="mailto:planning@cherriots.org">planning@cherriots.org</a>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Date Salem-Keizer Transit contacted</b>	
<b>Describe contact with Salem-Keizer Transit</b>	
<b>Type the name and address of the Homeowners Association</b> (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: Matt Johnson Date: 6/30/20

Address (include ZIP):

Authorized Signature:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address (include ZIP):

(For office use only)		
Received by <b>Austin Ross</b>	Date: <b>7/1/22</b>	Receipt Number: <b>22-113604</b>

**Not using Internet Explorer?**  
Save the file to your computer and email to [planning@cityofsalem.net](mailto:planning@cityofsalem.net).