(For office use only)
Permit # 22-115398-PLN



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:

TYPE II - SUBDIVISION APPLICATION - MEREDITH HEIGHTS

Work site location and information

nformation		7		
on of subject	1440 BOONE RD AND 1450 BOONE RD, SALEM, OREGON 97306	-		

Street address or location of subject property	THO BOOKE IS THE	
Total size of subject property	0.68 Before ROW Dedication	
Assessor tax lot numbers	083W14BB00200 and 083W14BB00100	
Existing use structures and/or other improvements on site		
Zoning	RA	
Comprehensive Plan Designation		
Project description	DEVELOP 0.667ACRES IN TO 8 RESIDENTIAL LOTS	

People information

1 copie inio	Name	Full Mailing Address	Phone Number and Email address
Applicant	SALEM PROPERTIES OF DE LLC	5305 River Rd N STE B Keizer OR 97303	816-590-7801 pichegroupinvestmentsllc@gmail.com
Agent	GERALD HORNER	PO BOX 9032, SALEM OR 97305	503-304-0905 jer.willengr@juno.com

Project information

⊙ Yes
O No
11/3/21
Email with proposed subdivision. Plan was emailed to Geoffrey James, Land Use Chairman
O Yes O 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 I certify herein that I have read, understood an	ing an electronic s	signature (whether typed, graphical or free form) statements listed above and throughout the
I certify herein that I have read, understood an application form. Authorized Signature:	d comming to	
		Date: _7-25-22
Print Name: Don Edwards		
Address (include ZIP): 5305 River Rd N S	TE B, Keizer OF	R 97303
Authorized Signature:		Date:
Print Name: Don Edwards		
Address (include ZIP):		
	(For office use of	only)
Received by	Date:	Receipt Number:

Not using Internet Explorer?

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