

**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)

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:

SPR - Class 3

(For office use only)

Permit #:

**Work site location and information**

Street address or location of subject property	835-877 COMMERCIAL ST SE
Total size of subject property	1.42 ac
Assessor tax lot numbers	8900, 9000,11200,11300,11400,11500
Existing use structures and/or other improvements on site	Retail Sales and Service
Zoning	CR, CR Saginaw Street Overlay Zone
Comprehensive Plan Designation	Retail Commercial
Project description	22,282 sf office/medical building

**People information**

	Name	Full Mailing Address	Phone Number and Email address
Applicant	T&L SALEM, LLC	4602 VIEWCREST ROAD S; Salem Oregon 97302	Travis Hunsaker <hunsaket@gmail.com>
Agent	Ronald James Ped Architect, PC	6850 BURNETT STREET, SE Salem, Oregon 97317	503.363.1456 rjp@rktect.com
Paid By	Ronald James Ped Architect, PC		

**Project information**

Project Valuation for Site Plan Review	
Neighborhood Association	South Central Association of Neighbors (SCAN)
Have you contacted the Neighborhood Association?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date Neighborhood Association contacted	8/15/2022
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.)	reached out via email to Victor Dodier and Roz Shirack notifying them of our proposed development, including the required information per Sec.300.310 (C)(2)
Have you contacted Salem-Keizer Transit? <a href="mailto:planning@cherriots.org">planning@cherriots.org</a>	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date Salem-Keizer Transit contacted	8/15/2022
Describe contact with Salem-Keizer Transit	reached out via email, notifying Salem-Keized transit of our proposed development
Type the name and address of the Homeowners Association (If none, type "N/A".)	South Central Association of Neighbors(SCAN)

### 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: Travis Hunsaker

Date: 8/16/22

Address (include ZIP): 4602 Viewcrest Road S; Salem, Oregon 97302

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](mailto:planning@cityofsalem.net).