

Land Use Application

(For office use only)

Permit #:

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:

Class 2 - Driveway Approach Permit

Work site location and information

WORK SILE IOCALION AND INTOFINATION	
Street address or location of subject	
property	2410 FAIRGROUNDS ROAD NE, SALEM, OR 97301
Total size of subject property	1.24
Assessor tax lot numbers	073W14DB01500
Existing use structures and/or other	Asphaltic paving
improvements on site	
Zoning	CR
Comprehensive Plan Designation	commercial
Project description	AUTOMOBILE SALES AND SERVICE AND FINANCE (2) BUILDINGS 3,600 SF AND 7,500 SF

People information

·	Name	Full Mailing Address	Phone Number and Email address
Applicant	TYRONE JONES AND ANGIE JONES	4045 STATE ST, SALEM, OR 97301	503.409.5054 <tynangie@gmail.com></tynangie@gmail.com>
Agent	RONALD PED	6850 BURNETT STREET SE, SALEM OREGON 97317	503.363.1456 rjp@rktect.com
Paid By			

Project information

1 Toject miormation	
Project Valuation for Site Plan Review	
Neighborhood Association	
Have you contacted the Neighborhood Association?	O Yes
	⊙ No
Date Neighborhood Association contacted	
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.)	
Have you contacted Salem-Keizer Transit?	O Yes
planning@cherriots.org	O No
Date Salem-Keizer Transit contacted	
Describe contact with Salem-Keizer Transit	
Type the name and address of the Homeowners Association	
(If none, type "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.
- \bullet 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 ar	nd confirm all the	statements listed	above and throughout the
application form. —DocuSigned by:			
Authorized Signature:	£3-		
Print Name: Dennis L. Stortz		Date:	7/25/2022
Address (include ZIP): 1648 Ankeny Hill F		on, OR 97352	
DocuSign	ed by:		
Authorized Signature:	SAN		
	02D5049F		
Print Name: Leona M. Stortz		Date:	7/25/2022
Address (include ZIP): 1648 Ankeny Hill Rd. SE, Jefferson, OR 97352			
(For office use only)			
Received by	Date:	Receipt Number	•

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Paid By	RONALD PED		

Project information

O Yes
⊙ No
O Yes
⊙ No

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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:** Dennis L. Stortz Date: 1648 Ankeny Hill Rd. SE, Jefferson, OR Address (include ZIP): DocuSigned by: **Authorized Signature:** Date: 7/25/2022 Print Name: Leona M. Stortz 1648 Ankeny Hill Rd. SE, Jefferson, OR Address (include ZIP): (For office use only) Received by Date: Receipt Number:

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