

Planning/Permit Application Center

City Hall

555 Liberty St. SE, Room 320

Salem OR 97301-3513

503-588-6213 **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.

Project Description

Class 3 site plan review plus 2 Class 2 adjustments for a new mixed-use development.

Class 2 Adjustment

Class 3 Design Review

Work site location and information

Street address of or location of subject property	160 BUSH ST S SALEM OR 97302
Size of property (acres)	0.16
Tax Lot Number	073W27CA10400
Neighborhood Association	South Central Association of Neighbors (SCAN)

Street address of or location of subject property	1035 COMMERCIAL ST SE SALEM OR 97302
Size of property (acres)	0.41
Tax Lot Number	073W27CA09300
Neighborhood Association	South Central Association of Neighbors (SCAN)

People information

Applicant	GRETCHEN STONE	500 LIBERTY ST SE SUITE 100 SALEM OR 97301-3890	503-480-8700 gretchen@cbtwoarchitects.com
Owner	CUSTOMER CARE INC	575 MISSION ST SE SALEM OR 97302	503-362-8422
Owner	KWANS ORIGINAL CUISI	835 COMMERCIAL ST S SALEM OR 97302-4107	503-540-1517
Contact	GRETCHEN STONE	500 LIBERTY ST SE SUITE 100 SALEM OR 97301-3890	503-480-8700 gretchen@cbtwoarchitects.com

Project information

Site Area (Acreage)	.57
Comprehensive Plan	Mixed-Use
Zoning	MU-1, plus Saginaw Street Overlay for 160 Bush Street
Number of Class 2 Adjustments	2
MS4 Reporting	Yes
Existing use structures and/or other improvements on site	Site is vacant of structures, a portion of the site is paved with asphalt and half the site is fenced.
Neighborhood Association Contact	No
Salem-Keizer Transit Contact	No
Homeowners Association	The development site is not part of a Homeowners Association.

Land Use fees

Description	Amount
Automation Surcharge	\$5.00
Design Review - Class 3	\$3,727.00
Zoning Adjustment - Class 2	\$2,057.00
Total Fees	\$5,789.00

Terms and Conditions

Correct information: I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

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.

Indemnity: I, the permit applicant, shall indemnify, defend and hold harmless the City of Salem, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit.

Authorizations

- Property owners and contract purchasers are required to authorize the filing of this application and must sign below. This signed form must be upload with other review documents.
- 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.
- 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.

This application was electronically submitted to the City of Salem Permit Application Center by **GRETCHEN STONE** (PersonID: 332797) on **January 13, 2023** at **11:48 AM**.

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

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I (we) certify that I (we) have read, understood, and confirm all the statements listed above and throughout the application form.

Authorized Signature: _____

Printed Name: _____ **Date:** _____

Address (include ZIP): _____

Authorized Signature: _____

Printed Name: _____ **Date:** _____

Address (include ZIP): _____

Authorized Signature: _____

Printed Name: _____ **Date:** _____

Address (include ZIP): _____

(For office use only)		
Received by:	Date:	Receipt Number: