West Salem Town Homes Exh. 50 - Set Back Adjustment Application



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:

Adjustment Class-2 Application - 514.010(d) Setbacks (Abutting Street)

Work site location and information

Street address or location of subject 1900 Block of Linwood St NW., Salem, Oregon property Total size of subject property 4.57 Acres Assessor tax lot numbers 073W16C00107 Existing use structures and/or other Vacant improvements on site Zoning RM-II (Multiple Family Residential) **Comprehensive Plan Designation** MFR (Multi-Family Residential **Project description** Adjustment Class-2 - 514.010(d) Reducing the building setback along the Linwood Street from 20 feet to 12 feet

People information

| | Name | Full Mailing Address | Phone Number and Email address |
|-----------|---------------------|-----------------------------------|-----------------------------------|
| Applicant | MWSH West Salem LLC | 3425 Boone Rd SE, Salem, OR 97317 | 503-480-3151 - o |
| | | | 530-586-4104 - с 📴 |
| Agent | | | |
| Paid By | | | |

Project information

| 10,350,000.00 |
|-------------------------------------|
| West Salem Neighborhood Association |
| \odot Yes |
| O No |
| 1/16/2023 |
| |
| |
| |
| |
| |
| O Yes |
| ⊙ No |
| |
| |
| |
| |
| |
| N/A |
| |
| |

(For office use only) Permit #:

Land Use

Application

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

| application form. | utoAll I | |
|------------------------|----------------------------------|-------|
| Authorized Signature: | | |
| - | nilton | Date: |
| Address (include ZIP): | 3425 Boone Rd SE, Salem, OR 9731 | 7 |
| Authorized Signature: | | |
| Print Name: | | Date: |
| Address (include ZIP): | | |
| | | |

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