



## 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**

Change of Use

Class 2 Site Plan Review

## Work site location and information

Street address of or location of subject 1205 WALLACE RD NW

**SALEM OR 97304** property

0.00 Size of property (acres)

Tax Lot Number 073W22BB03403

Neighborhood Association West Salem Neighborhood Association

# **People information**

1801 NE 61ST AV 971-930-0110 JOCELYN CAMBIER **Applicant** 

> PORTLAND OR 97213 jocelynn@linealabarchitecture.cc

Owner Mid-Willamette Valley Com Eva Pignotti eva.pignotti@mwvcaa.org

JOCELYN CAMBIER 1801 NE 61ST AV 971-930-0110 Contact

> PORTLAND OR 97213 jocelynn@linealabarchitecture.cc

# **Project information**

\$ 1,000,000.00 **Total Project Valuation** 

0 Site Area (Acreage)

Commercial Comprehensive Plan CO-Commercial **Zoning** 

Commercial/Industrial Type of Plan Check

**MS4 Reporting** No

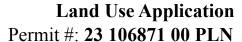
Change of use from medical office to Educational, an allowed use per Existing use structures and/or other

Salem Unified Dev. Code Table 521-1. Interior remodel of building. improvements on site

Addition of ADA ramps to building, bike parking and revised ADA

parking.

**Neighborhood Association Contact** N/A Salem-Keizer Transit Contact N/A N/A **Homeowners Association** 





## Land Use fees

DescriptionAmountSite Plan Review\$4,065.00Automation Surcharge\$5.00

**Total Fees** \$4,070.00

# **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 uploaded 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 **JOCELYN CAMBIER** (PersonID: 369478) on **March 24, 2023** at **10:09 AM**.



# Land Use Application Permit #: 23 106871 00 PLN

I (we) hereby give notice of the following concealed or unco	oncealed dangerous conditions on the property:
I (vva) contife that I (vva) have used understood and confin	m all the statements listed above and throughout
I (we) certify that I (we) have read, understood, and confirt the application form.	in an the statements fisted above and throughout
Authorized Signature:	
Printed Name:	Date:
Authorized Signature:	
Printed Name:	Date:
Address (include ZIP):	
Authorized Signature:	
Printed Name:	Date:

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