

**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**

<b>Street address of or location of subject property</b>	<b>1205 WALLACE RD NW SALEM OR 97304</b>
<b>Size of property (acres)</b>	0.00
<b>Tax Lot Number</b>	073W22BB03403
<b>Neighborhood Association</b>	West Salem Neighborhood Association

**People information**

<b>Applicant</b>	JOCELYN CAMBIER	1801 NE 61ST AV PORTLAND OR 97213	971-930-0110 jocelynn@linealabarchitecture.cc
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<b>Owner</b>	Mid-Willamette Valley Comm	Eva Pignotti	eva.pignotti@mwvcaa.org
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<b>Contact</b>	JOCELYN CAMBIER	1801 NE 61ST AV PORTLAND OR 97213	971-930-0110 jocelynn@linealabarchitecture.cc
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**Project information**

<b>Total Project Valuation</b>	\$ 1,000,000.00
<b>Site Area (Acreage)</b>	0
<b>Comprehensive Plan</b>	Commercial
<b>Zoning</b>	CO-Commercial
<b>Type of Plan Check</b>	Commercial/Industrial
<b>MS4 Reporting</b>	No
<b>Existing use structures and/or other improvements on site</b>	Change of use from medical office to Educational, an allowed use per Salem Unified Dev. Code Table 521-1. Interior remodel of building. Addition of ADA ramps to building, bike parking and revised ADA parking.
<b>Neighborhood Association Contact</b>	N/A
<b>Salem-Keizer Transit Contact</b>	N/A
<b>Homeowners Association</b>	N/A

## Land Use fees

Description	Amount
Site Plan Review	\$4,065.00
Automation Surcharge	\$5.00
<b>Total Fees</b>	<b>\$4,070.00</b>

## 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

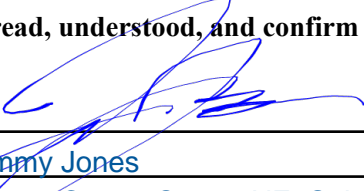
- Property owners and contract purchasers are required to authorize the filing of this application and must sign below. This signed form must be uploaded with other review documents.
- If the applicant and/or property owner is a Limited Liability Company (LLC), please also provide a list of all members 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**.

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: Jimmy Jones Date: 24 March 2023  
Address (include ZIP): 2475 Center Street, NE, Salem, OR 97301

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: