

## **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	Ap	plica	ition	type
------------------	----	-------	-------	------

Please describe the type of land use action requested:

Property Line Adjustment at 4540 Pringle Road

Work site location and information

TOTA SILE IDEALION and Information		
Street address or location of subject property	4540 Pringle Road SE	
Total size of subject property	29.68 acres	
Assessor tax lot numbers	083W11BC: Tax Lots 3000 and 3200	
Existing use structures and/or other improvements on site	particularly farmicious (norms and accomposity off actually)	
Zoning	Residential Agriculture (RA) and Single Family Residential (RS)	
Comprehensive Plan Designation		
Project description	Adjust the property lines between TL3000 and 3200. PLA will increases TL 3000 and decrease TL 3200.	

People information

	Name	Full Mailing Address		Phone Number and Email address
Applicant	Kehoe Northwest Properties	11627 S Summerville Avenue		Contact Applicant's Consultant
Agent	Roy Hankins, PE	1500 Valley River Drive #100	8	roy@emeriodesign.com
Paid By	Martin Kehoe	11627 S Summerville Avenue		Contact Applicant's Consultant

Project information

1 Toject information		
Project Valuation for Site Plan Review	N/A	
Neighborhood Association	Morningside Neighborhood Association	
Have you contacted the Neighborhood Association?	O Yes	
	⊙ No	
Date Neighborhood Association contacted	N/A	
Describe contact with the affected Neighborhood Association	Not required per Table 300-2	
(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	
	⊙ No	
Date Salem-Keizer Transit contacted	N/A	
Describe contact with Salem-Keizer Transit	N/A	
Type the name and address of the Homeowners Association	N/A	
(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.
- 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.

Authorized Signature: Michel	k W. Morrow, Trus	stee
Print Name: Michelle M.	Morrow Trustee	Date: 6 9 2023
Address (include ZIP): PO 803	x 3257, Salem OR 9-	1302
Authorized Signature:		
Print Name:		Date:
Address (include ZIP):		
	(For office use only)	
Received by	Date: Receip	ot Number:

**Not using Internet Explorer?** 

Save the file to your computer and email to planning@cityofsalem.net.