



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:

spr 1 change of Use

**Work site location and information** 

(For office use only)
Permit #:

| of a site location and information                        |  |
|---|--|
| Street address or location of subject property            | 395 Market Street Ne                               |
| Total size of subject property                            | .56 acres  |
| Assessor tax lot numbers                                  | 73w22aa 13600                                      |
| Existing use structures and/or other improvements on site | warehouse and office                               |
| Zoning  | MU 1   |
| Comprehensive Plan Designation                            | MU   |
| Project description                                       | covert existing structure to Daycare. all interior |
|   |  |

**People information** 

|           | Name   | Full Mailing Address                                 | Phone Number and Email address |
|-----------|--|--|--------------------------------|
| Applicant | Ronald Ped Ronald James<br>Ped Architect, PC | 1220 20th Street SE suite 125 Salem,<br>Oregon 97302 | 503.363.1456 rjp@rktect.com    |
| Agent     | same   |  |                                |
| Paid By   | same   |  | Gr 4                           |

**Project information** 

| 1 Toject information  |  |
|---|--|
| Project Valuation for Site Plan Review  | 166,000.00   |
| Neighborhood Association  |  |
| Have you contacted the Neighborhood Association?  | O Yes  |
|   | ⊙ No   |
| Date Neighborhood Association contacted   |  |
| Describe contact with the affected Neighborhood Association (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.) | no effect on the neighbor other than relocation from there last facility. the former location was also in the neighborhood |
| Have you contacted Salem-Keizer Transit?  | O Yes  |
| planning@cherriots.org  | ⊙ No   |
| Date Salem-Keizer Transit contacted   |  |
| Describe contact with Salem-Keizer Transit  |  |
| Type the name and address of the Homeowners Association (If none, type "N/A".)  | NA   |

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 at    | taching an electronic | signature (whether typed, graphical or | free form) |
|--|-----------------------|--|------------|
| I certify herein that I have read, understoo | d and confirm all the | statements listed above and throughou  | the        |
| application form.                            | May                   | SMILITA TIES                           |            |
| Authorized Signature:                        | that                  |  |            |
| Print Name: Ronald Ped                       |                       | Date: <u>8/3/23</u>                    |            |
| Address (include ZIP): 1220 20th Street      | SE. Salem 97302       |  |            |
| Authorized Signature:                        |                       |  |            |
| Print Name:                                  |                       | Date:                                  |            |
| Address (include ZIP):                       |                       |  |            |
|  | (For office use o     | nly)                                   |            |
| Received by                                  | Date:                 | Receipt Number:                        |            |
|  |                       |  |            |

Not using Internet Explorer?