



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

Property line adjustment.
 Property Line Adjustment

Work site location and information

Street address of or location of subject property	1220 22ND ST SE SALEM OR 97302
Size of property (acres)	11.70
Tax Lot Number	073W35AC00301
Neighborhood Association	Southeast Salem Neighborhood Association (SESNA)
Street address of or location of subject property	1440 22ND ST SE SALEM OR 97302
Size of property (acres)	11.70
Tax Lot Number	073W35AC00300
Neighborhood Association	Southeast Salem Neighborhood Association (SESNA)

People information

Applicant	LUKE GMAZEL	555 LIBERTY STREET SE RM 325 CITY OF SALEM PUBLIC WORKS E	503-211-7310 lgmazel@cityofsalem.net
Owner	CITY OF SALEM - BUILD	555 LIBERTY ST SE 320 SALEM OR 97301-3513	503-588-6256
Owner	ETHEL OTJEN	PO BOX 2188 SALEM OR 97308	
Contact	LUKE GMAZEL	555 LIBERTY STREET SE RM 325 CITY OF SALEM PUBLIC WORKS E	503-211-7310 lgmazel@cityofsalem.net

Project information

Site Area (Acreage)	23.4
Comprehensive Plan	CSG
Zoning	PS
Number of Property Line Adjustments	1
MS4 Reporting	No
Existing use structures and/or other improvements on site	City of Salem Public Works shops complex.
Neighborhood Association Contact	NA not contacted for this PLA.
Salem-Keizer Transit Contact	Salem-Keizer Transit not contacted for this PLA.
Homeowners Association	Not applicable.

Land Use fees

Description	Amount
Lot Line Adjustment	\$1,259.00
Automation Surcharge	\$5.00
Total Fees	\$1,264.00

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 **LUKE GMAZEL** (PersonID: 344691) on **January 3, 2024** at **9:35 AM**.

I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

--

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: _____ **Date:** _____

Address (include ZIP): _____

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: