

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

Land Use Compatibility Statement for residential subdivision

Land Use Compatibility Statement - Except Dept of Education

Work site location and information

Street address of or location of subject property	5665 49TH AV NE SALEM OR 97305
Size of property (acres)	14.31
Tax Lot Number	062W32CA02600
Neighborhood Association	Northgate Neighborhood Association

People information

Applicant	EMERALD WEEKS	4350 GALEWOOD ST STE 200 LAKE OSWEGO OR 97035	503-222-4151 esweeks@drhorton.com
Owner	DR HORTON INC	4350 GALEWOOD ST SUITE 200 LAKE OSWEGO OR 97035	503-721-2380 portland-permitting@drhorton.cc
Contact	EMERALD WEEKS	4350 GALEWOOD ST STE 200 LAKE OSWEGO OR 97035	503-222-4151 esweeks@drhorton.com

Project information

Site Area (Acreage)	14.31
Zoning	RS
MS4 Reporting	Yes
Existing use structures and/or other improvements on site	Completed subdivision for home construction
Neighborhood Association Contact	DR Horton have never had contact with the association, DR Horton was not the original developer.
Salem-Keizer Transit Contact	DR Horton have never had contact with Salem-Keizer Transit, DR Horton was not the original developer.
Homeowners Association	Northstar Phase 7 Homeowners Association

Land Use fees

Description	Amount
Land Use Compatibility Statement	\$347.00
Automation Surcharge	\$5.00
Total Fees	\$352.00

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 **EMERALD WEEKS** (PersonID: 357655) on **January 4, 2024 at 1:58 PM**.

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: _____ **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: