CITY OF Salem AT YOUR SERVICE

Land Use Application
Permit #: **24 101905 00 PLN**

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: Glen Peters
Printed Name: GLENN PETERS **Date:** 1-14-24
Address (include ZIP): 1443-45th Av NE, SALEM OR 97301

Authorized Signature: Kim Peters
Printed Name: KIM PETERS **Date:** 1-14-24
Address (include ZIP): 1443-45th Av NE, SALEM OR 97301

Authorized Signature:
Printed Name: **Date:**
Address (include ZIP):

(For office use only)		
Received by:	Date:	Receipt Number: