

Land Use Application
Permit #: 24 103756 00 PLN

#### 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**

Site plan review and conditional sue permit for an addition to an existing religious facility in the RS zone.

Class 3 Site Plan Review

Conditional Use

## Work site location and information

Street address of or location of subject	3295 LADD AV NE
property	SALEM OR 97301
Size of property (acres)	5.29
Tax Lot Number	073W24DA00900
Neighborhood Association	North East Salem Community Association (NESCA)

## **People information**

Applicant BRAND LAND USE 12150 JEFFERSON HWY 99E SE 503-680-0949

JEFFERSON OR 97352 britany@brandlanduse.com

Owner ST TIMOTHYS EPISCOPA PO BOX 7416

**SALEM OR 97303** 

Contact BRAND LAND USE 12150 JEFFERSON HWY 99E SE 503-680-0949

JEFFERSON OR 97352 britany@brandlanduse.com

Contact Lindsey King, CFM Lindsey@BRANDLandUse.com

## **Project information**

**Total Project Valuation** \$ 1,125,000.00

Site Area (Acreage) 5.29

Comprehensive Plan Single-Family Residential

**Zoning** RS

Type of Plan Check Commercial/Industrial

MS4 Reporting No
Existing use structures and/or other Church

improvements on site

Neighborhood Association Contact North East Salem Community Association

Salem-Keizer Transit Contact Cherriots
Homeowners Association N/A





## Land Use fees

DescriptionAmountSite Plan Review\$4,319.00Conditional Use\$6,680.00Automation Surcharge\$5.00Total Fees\$11,004.00

## **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 **BRAND LAND USE** (PersonID: 356998) on **February 9, 2024** at **2:00 PM**.



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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 co throughout the application form.	nfirm all the statements listed above and	
Authorized Signature:		
Printed Name:	<b>D</b>	
Authorized Signature:		
Printed Name:	Date:	
Address (include ZIP):		
Authorized Signature:		
Printed Name:	Date:	
A.1.1		

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