



CITY OF KEIZER
SUBDIVISION/PUD/
MANUFACTURED HOME PARK
APPLICATION

- Subdivision
- PUD
- Manufactured Home Park

If there are any questions, who should be contacted (Agent)?

Name: Geoff James

Address: 4115 Fraser Lane SE 97302

Daytime Phone Number: 503 931 4120

Fax: _____ Email: gjamesarchitect@gmail.com

1. Applicant Name Address
- ~~Geoff James~~
ORREO LLC of Charles Weathers PO Box 2717
Phone ~~503 931 4120~~ Salem OR 97308
503 510 8834

Complete the following property owner information if the property owner is different from the applicant. Please be aware that the current property owner must also **sign** the application.

2. Property Owner Name Address
- MMH, LLC PO Box 2717
of Charles Weathers Salem OR 97308
Phone 503 510 8834

3. This application is made for conceptual approval of a proposed 6 lot subdivision to be known as MCLEODOPOLY.

4. Street Address of subject property: 6255 McLeod Ln NE.

5. Acreage to be subdivided: 0.93 acres.

6. Number of lots to be created: 6. Proposed number of residential units 18.

7. Range of lot sizes: Smallest 5016 (acres/square feet) gross
Largest 8759 (acres/square feet)
Average 6770 (acres/square feet)

A. Please provide a written response to the following Review Criteria as specified in Section 3.108.06 of the Keizer Land Development Code.

1. The proposal shall comply with the applicable development standards in Section 2.405 and Section 2.310 as appropriate, including provisions for streets and utilities.
2. Each lot shall satisfy the dimensional standards and density standard of the applicable zoning district, unless a variance from these standards is approved.
3. Adequate public facilities shall be available to serve the existing and newly created parcels.

B. Please attach 15 copies of preliminary plan with required information as noted on attached information sheet.

STREET/ACCESS EASEMENT NAMING

If new street(s) or private access easement(s) are created with the proposed development, please provide four name choices in order of preference.


- | | |
|-----------------------|------------------------------|
| 1. <u>McLeod Nine</u> | 3. <u>Wolf Way</u> |
| 2. <u>McLeodopoly</u> | 4. <u>Peter Parker place</u> |

THE APPLICANT(S) SHALL CERTIFY THAT:

- (a) The above subdivision request does not violate any deed restrictions that may be attached to or imposed upon one, both, or all of the subject properties.
- (b) If the application is approved, the applicant(s) will exercise the rights granted in accordance with that approval and will be subject to all conditions and limitations of approval.
- (c) All of the above statements and the statements included on the plot plan and exhibits attached to the plot plan are true to the best of the applicants knowledge; and the applicants acknowledge that any permit issued on the properties may be revoked if it is found that any statements are false.
- (d) The applicant(s) acknowledge that this application and all applicable policies and criteria have been read and understood, and that the requirements and criteria for approving or denying the application are also understood.

SIGNATURE(S) of APPLICANTS

NOTE: If the applicants are not the property owner(s), the current property owner **MUST** sign the application.



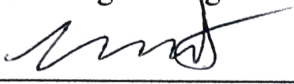
2/20/2024
Date

Date

AGENT AUTHORIZATION

Fill out and sign this portion of the application if you (the applicant) are going to designate another individual as your agent. By signing this section you authorize the person named to act as your agent and agree to be bound by all representations and agreements made by the designated agent.

I, Charles Weathers, hereby authorize Geoff James to act as my representative and agent in all matters pertaining to the processing and approval of this land use application, and agree to be bound by all representations and agreements made by the above designated agent.



2/20/2024
Date

AUTHORIZATION BY PROPERTY OWNER(S)

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 do hereby authorize filing of this application and certify that the information and exhibits herewith submitted are true and correct.

SIGNATURE



ADDRESS & PHONE

PO Box 2717
Salem OR 97308
Phone 503 510 8834

SIGNATURE

ADDRESS & PHONE

Phone _____

FOR OFFICE USE ONLY

Township ____ Range ____ Section ____

Tax Lot Number(s) _____

Zone _____

Date application determined complete

Application elements submitted:

____ (a) Title transfer

____ (b) Plot plan (15 copies)

____ (c) Applicant Statement/questions

____ (d) Filing fee

Application accepted by