



**CITY OF KEIZER  
MAJOR & MINOR VARIANCE  
APPLICATION**

*Pd*  
*8/1/25*  
*#856*  
**RECEIVED  
CITY OF KEIZER**

**AUG 01 2025**

**PLANNING DEPARTMENT**

**If there are any questions about this application, who should be contacted?**

**Name:** Maxwell Scott

**Address:** 6955 Fir Grove Ln N Keizer, OR 97303

**Daytime Phone Number:** 503-779-9050

**Fax:** N/A

**Email:** maxwells@keex.net

1. 

<u><b>Applicant Name</b></u>	<u><b>Address</b></u>
<u>Maxwell Scott</u>	<u>6955 Fir Grove Ln N</u>
<u>Phone 503-779-9050</u>	<u>Keizer, OR 97303</u>
  
2. 

<u><b>Property Owner Name</b></u>	<u><b>Address</b></u>
<u>Maxwell Scott / <i>Emily Scott</i></u>	<u>6955 Fir Grove Ln N</u>
<u>Phone</u>	<u>Keizer, OR 97303</u>
  
3. The owners of record of the subject property do hereby request permission for a variance to the following standard Minor variance of accessory structure maximum ground floor area as noted in KDC  
Section 2.313.01(E). 20% increase to build a 720 square foot structure.
  
4. Street Address of subject property 6955 Fir Grove Ln N Keizer, OR 97303
  
5. Size of subject property (acres or Sq. Ft.) .58 acres
  
6. THE APPLICANT(s) SHALL CERTIFY THAT:
  - A. The above variance request does not violate any deed restrictions that may be attached to or imposed upon the subject property.
  - B. If the application is approved, the applicant 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 statement and any statements included on the plot plan and exhibits attached to the plot plan are true to the best of the applicant's knowledge; and the applicant acknowledges that any permit issued on the property may be revoked if it is found that any statements are false.
- D. The applicant acknowledges 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 APPLICANT**



Dated this 1<sup>st</sup> day of August, 20 25

**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.

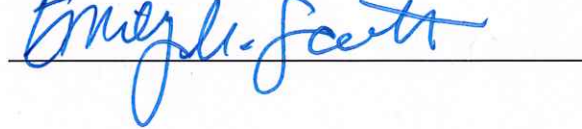
**SIGNATURE**



**ADDRESS & PHONE**

6955 Fir Grove Ln N  
Keizer, OR 97303  
503-779-9050 (phone)

**SIGNATURE**



**ADDRESS & PHONE**

6955 Fir Grove Ln N  
Keizer, OR 97303  
503-689-3934 (phone)

**FOR OFFICE USE ONLY**

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_  
Tax Lot Number(s) \_\_\_\_\_  
Zone/Map \_\_\_\_\_  
Neighborhood Association \_\_\_\_\_  
Comp Map \_\_\_\_\_

Application elements submitted:

- \_\_\_\_\_ (a) Title transfer  
\_\_\_\_\_ (b) Plot Plan  
\_\_\_\_\_ (c) Statement  
\_\_\_\_\_ (d) Filing fee

Date Application Determined Complete \_\_\_\_\_

Application Accepted By \_\_\_\_\_