City of Salem - Permit Application Center Planning Information Counter 555 Liberty St. SE / Room 320 Salem, OR 97301-3503

Phone: 503-588-6256 ext.7427

Fax: 503-588-6005

Planning Pre-Application Conference Waiver



■ Please complete the folio	wing contact intormation:	
Applicant:		Mailing Address:
Name:		
Company:		
Phone:	_	
2 Please complete the followard Site Address(es):		
Site Size: Existing Use & Structures:_		
	owing proposed development on Pre-Application Conferen	nt information: nce Waiver is Requested for:
Brief Description of Proposed Development on the Site:		
	cause is shown by the applic	conference waivers in cases where the application is cant to support the waiver.
SIGNATURE:		DATE:
F	OR PLANNING DIVISION US	E ONLY - DO NOT WRITE BELOW
Date Received:	AMANDA No	Staff Initial:
The requested Pre-Appli	cation Conference Waiver	is:
applicant has she application confe	own good cause to waive	finds that the application is relatively simple, and the the pre-application conference in this case. The pre-ursuant to SRC 300.310(b).
,	Signature:	Date: