

City of



ANNEXATION CHECKLIST
Voter-exempt with comprehensive
plan change

PERMIT APPLICATION CENTER/CITY HALL
555 LIBERTY STREET SE/ROOM 320
SALEM, OREGON 97301
(503) 588-6256
Website: www.cityofsalem.net

1. An annexation application form signed by all property owner(s).
2. An annexation Petition and Ballot 49 Waiver form.

Note: The form shall include the consent and notarized signature of the necessary number of property owner(s) and electors residing on the property proposed for annexation as required by state law.
3. A legal description of the territory proposed to be annexed, along with documentation of ownership.
4. Documentation to support why the annexation is exempt from voter approval:
 - a.) A statement from the Oregon Department of Human Services, the Oregon Department of Environmental Quality or the county health department or sanitarian attesting to the failing septic system or health hazard and which otherwise complies with health hazard abatement law relative to annexation, **or**
 - b.) A copy of the annexation contract, **or**
 - c.) Documentation that the annexation is otherwise mandated by state law, **or**
 - d.) Documentation that all of the property owners have signed the Petition in accord with SB1573.
5. The fee for a voter-exempt annexation application with comprehensive plan change/zone change.
6. Identification of any territory that could be annexed pursuant to a previously executed annexation contract;
7. Statement demonstrating the availability of water, sewer, drainage, transportation, public safety, park and school facilities and services needed to serve the proposed development at the maximum density levels allowed or proposed;
8. Annexation Questionnaire;

9. Summary of Pre-Application Conference including Planning Summary and Public Works Memorandum;
10. When a comprehensive plan or zone designation is proposed which is different from the existing or equivalent comprehensive plan designation or equivalent zone designation the application shall include the following:
 - Conceptual plan drawn to scale, including:
 - Proposed zoning for the territory, and if more than one zone is proposed for the territory, a legal description for each area with the proposed zoning;
 - Site map showing;
 - General circulation patterns;
 - Location of land uses by general categories*;
 - Anticipated intensity of uses in each category;

*Note: Categories of land uses may be identified by any descriptive system or method engaged in the production of development master plans.
 - Trip Generation Estimate (TGE) Form;
 - Transportation Impact Analysis (if necessary – contact Public Works 503.588.6211);
 - Location of all significant trees within the territory as defined in SRC Chapter 68;
 - Location and proposed changes to any wells, septic tanks, drain fields, and easements within the territory; and
 - Location and proposed changes to creeks, drainage ways and courses, and riparian corridors
 - Proposed findings demonstrating why comprehensive plan and zone designation criteria are met;

The criteria for a comprehensive plan/zone change include (SRC 260.060(c)(5)):

- (1) The comprehensive plan and zone designation provides for the logical urbanization of land;
- (2) The comprehensive plan and zone designation is compatible with development patterns of the nearby vicinity;
- (3) Social, economic, or demographic patterns in the nearby vicinity have so altered that the current designations are no longer appropriate; and
- (4) It is in the public interest that the proposed change be made.



LAND USE APPLICATION

Application Type: _____

APPLICANT INFORMATION

(Check one box below for designated contact person regarding this application)

Applicant Name: _____ Daytime Phone: _____
 Mailing Address: _____ Fax Number: _____
 City/State: _____ Zip: _____ Email: _____

Agent: _____ Daytime Phone: _____
 Mailing Address: _____ Fax Number: _____
 City/State: _____ Zip: _____ Email: _____

PROPERTY INFORMATION

 (Street Address or Location of Subject Property) (Total Size of Subject Property) (Assessor Tax Lot Numbers)

 (Existing Use, Structures, and/or Other Improvements On Site) (Zoning) (Comp Plan Designation)

PROPOSED PROJECT INFORMATION

(Describe the Proposed Use or Development of Subject Property)

NEIGHBORHOOD ASSOCIATION: _____ **CONTACTED?** Yes No

The City of Salem recognizes, values, and supports the involvement of residents in land use decisions affecting neighborhoods across the city and strongly encourages anyone requesting approval for any land use proposal to contact the affected neighborhood association(s) as early in the process as possible.

 (Describe Contact with the Affected Neighborhood Association) Date Contacted

SALEM – KEIZER TRANSIT CONTACTED? Yes No

 (Describe Contact with Salem – Keizer Transit) Date Contacted

AUTHORIZATION BY PROPERTY OWNER(S) / APPLICANT

**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 land use application.*

(Property owners and contract purchasers are required to authorize the filing of this application and must sign below)

1 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.

2 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.

3 I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property: _____

 (Signature) (Print Name) (Date)

 (Address - Include Zip)

 (Signature) (Print Name) (Date)

 (Address - Include Zip)

STAFF USE ONLY - DO NOT WRITE BELOW - STAFF USE ONLY

Received By: _____ Date: _____ Receipt No. _____



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ANNEXATION PETITION AND
CONSENT AND WAIVER OF BALLOT MEASURE 49 CLAIMS

TO: The Honorable Mayor and City Council of the City of Salem, Marion County, State of Oregon

Petitioner(s): _____ is/are the legal owner(s) or contract purchaser(s)
of the following described real property (the Territory) comprising approximately _____ acres, and
located outside of, but contiguous to, the corporate boundaries of the City of Salem:

_____ [add legal description or tax lot number]

Petitioner(s) respectfully request(s) that the Territory be annexed to the City of Salem, and by my/our
signature(s) hereon, (does)(do) hereby consent to such annexation, and (does)(do) hereby request that the City
Council take such steps as are necessary to determine whether the Territory should be annexed.

Petitioner(s) knowingly and willingly waive(s) any and all claims that I/we might assert against the City of Salem
arising out of, or resulting from, or are in anyway connected to, those certain statewide initiative commonly
known as Ballot Measure 49 or any successors thereto, and that might accrue as a result of the annexation of
the territory into the City of Salem, or the imposition of City of Salem land use regulations pursuant thereto,
whether the claims be past, present or future. Petitioner(s) hereby consent(s) to the imposition of such land use
regulations that are in existence at the time of annexation, and to which the territory becomes subject as a result
of the annexation into the corporate limits of the City of Salem.

Owner(s) or Contract Purchaser(s):
(Owner/Purchaser signatures)

Address:

Blank lines for owner/purchaser signatures

Blank lines for address

Turn over for petitioner statement and notarization of signature(s). Each owner must
sign as a petitioner and each signature must be notarized.
Attach additional sheets as necessary.

I, _____, Petitioner, upon oath or affirmation, say that I signed freely, voluntarily, without undue influence of any nature and under no misrepresentation as to the facts, and I further affirm that, to the best of my knowledge, the petitioners constitute 100 percent of the owners of land in the territory proposed to be annexed and these owners also own 100 percent of the land in the territory and own real property in that territory representing 100 percent of the assessed value of all real property in the territory.

Petitioner (Petitioner Signature)

STATE OF OREGON)
) ss.
COUNTY OF _____)

Signed and sworn to/affirmed before me on _____, 20__ by _____

(Name of Person Signing)

NOTARY PUBLIC FOR OREGON (Notary Signature)

My Commission expires: _____

(NOTARY SEAL)

I, _____, Petitioner, upon oath or affirmation, say that I signed freely, voluntarily, without undue influence of any nature and under no misrepresentation as to the facts, and I further affirm that, to the best of my knowledge, the petitioners constitute 100 percent of the owners of land in the territory proposed to be annexed and these owners also own 100 percent of the land in the territory and own real property in that territory representing 100 percent of the assessed value of all real property in the territory.

Petitioner (Petitioner Signature)

STATE OF OREGON)
) ss.
COUNTY OF _____)

Signed and sworn to/affirmed before me on _____, 20__ by _____

(Name of Person Signing)

NOTARY PUBLIC FOR OREGON (Notary Signature)

My Commission expires: _____

(NOTARY SEAL)

City of



ANNEXATION QUESTIONNAIRE

The City requests that you fill out the attached annexation questionnaire. The information is used by the Center for Population Research and Census (CPRC) at Portland State University to update the estimate of the population for the City of Salem after annexations. The population figures are used by the State of Oregon in the quarterly distribution of previously collected revenues.

The information collected is confidential and is used for no other purpose.

CITY OF Salem
 AT YOUR SERVICE

Traffic Engineering Section
 Public Works Department
 555 Liberty Street SE, Room 325 Telephone: 503-588-6211
 Salem, Oregon 97301-3513 TTY: 503-588-6292

Trip Generation Estimate

Street _____
 Bin # _____ TGE # _____
 Date Received _____

Section 1 (To be completed by applicant.)

Applicant Name: _____ Telephone: _____
 Applicant Mailing Address: _____
 Location of New Development: _____
 (Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)
 Description and Size of New Development: _____
 (e.g., 150 single-family homes, 20,000 sq. ft. office addition, 12-pump gas station, 50-student day care, additional parking, etc.)
 Description and Size of Existing/Past Development, if any (note whether to remain or be removed): _____
 Planning Action Involved, if any: _____ Building Permit Involved: _____
 (e.g., zone change, subdivision, partition, conditional use, PUD, mobile home park, etc.) Yes No

Section 2 (To be completed by City staff.)

Proposed Use	Existing Use
Development Quantity: _____	Development Quantity: _____
ITE Land Use Code: _____	ITE Land Use Code: _____
Trip Generation Rate/Equation: _____	Trip Generation Rate or Equation: _____
Average Daily Trips: _____	Average Daily Trips: _____
ELNDT Adjustment Factors	ELNDT Adjustment Factors
Trip Length: _____ Linked Trip: _____	Trip Length: _____ Linked Trip: _____
TSDC Trips: _____	TSDC Trips: _____

Section 3 (To be completed by City staff.)

Transportation Impact Analysis (TIA)	Transportation Systems Development Charge
Net Increase in Average Daily Trips: _____ (Proposed use minus existing use.)	Net Increase in TSDC Trips: _____ (Proposed use minus existing use.)
<input type="checkbox"/> A TIA will be required: <input type="checkbox"/> Arterial/Collector—1000 Trip/day Threshold <input type="checkbox"/> Local Street/Alley—200 Trip/day Threshold <input type="checkbox"/> Other: _____ <input type="checkbox"/> A TIA will not be required.	<input type="checkbox"/> A TSDC will be required. (Fee determined by Development Services.) <input type="checkbox"/> A TSDC will not be required.

(For additional information, refer to the back of this application.)

Section 4 (To be completed by City staff.)

Remarks: _____ Date: _____

- cc: Chief Development Services Engineer
 Community Development
 Building Permit Application

By: _____

Information Required to Assess the Need for a Traffic Impact Analysis and Transportation Systems Development Charge



The following information is required in order to assess the need for a Traffic Impact Analysis (TIA) and to calculate the Transportation Systems Development Charge (TSDC) to be levied on a proposed new development.

TIA Determination:

The City of Salem may require that a TIA be prepared as part of the approval process for major new development. The purpose of a TIA is to estimate the traffic impacts created by a new development on the surrounding street system. Any significantly adverse traffic impacts identified in the TIA must be mitigated by the applicant.

The estimated daily traffic generation of a new development is used as the criteria for determining whether a TIA is needed. If the new development access is located on an arterial or collector and the estimated daily traffic generation is more than 1000 trips, a TIA may be required. If access is located on a local street or alley and the generated trips exceed 200, a TIA may be required. Other criteria such as site access issues, driveway restrictions, and existing facilities deficiencies may also be used, if recommended by City Traffic Engineering staff.

The City Traffic Engineer makes the determination as to whether a TIA is required. (For more information on TIA criteria, see Development Bulletin No. 19 dated January 20, 1995.) When the determination has been made, copies of the Trip Generation Estimate form are sent to Public Works Development Services Division and the applicant. If a planning action is required, a copy is also forwarded to the Community Development Department.

TSDC Analysis:

The City of Salem charges a TSDC on all new development that creates a net increase in traffic on the surrounding street system. The total charge is assessed on a per trip fee times the TSDC trips calculated for the development. For more information on the TSDC, see Council Staff Report dated October 9, 1995.

To assist in estimating the daily trips generated by a new development, please answer the questions in Section 1 of this sheet and return it to Room 325 of the Civic Center. If you have any questions, Traffic Engineering staff are available at 503-588-6211. A copy of the completed trip generation estimate will be returned to you at the address provided in Section 1.

No Land Use, Planning, or Development Approval applications requiring Trip Generation Estimates will be processed until this information has been provided and the TIA/TSDC assessment has been made by City Traffic Engineering staff.