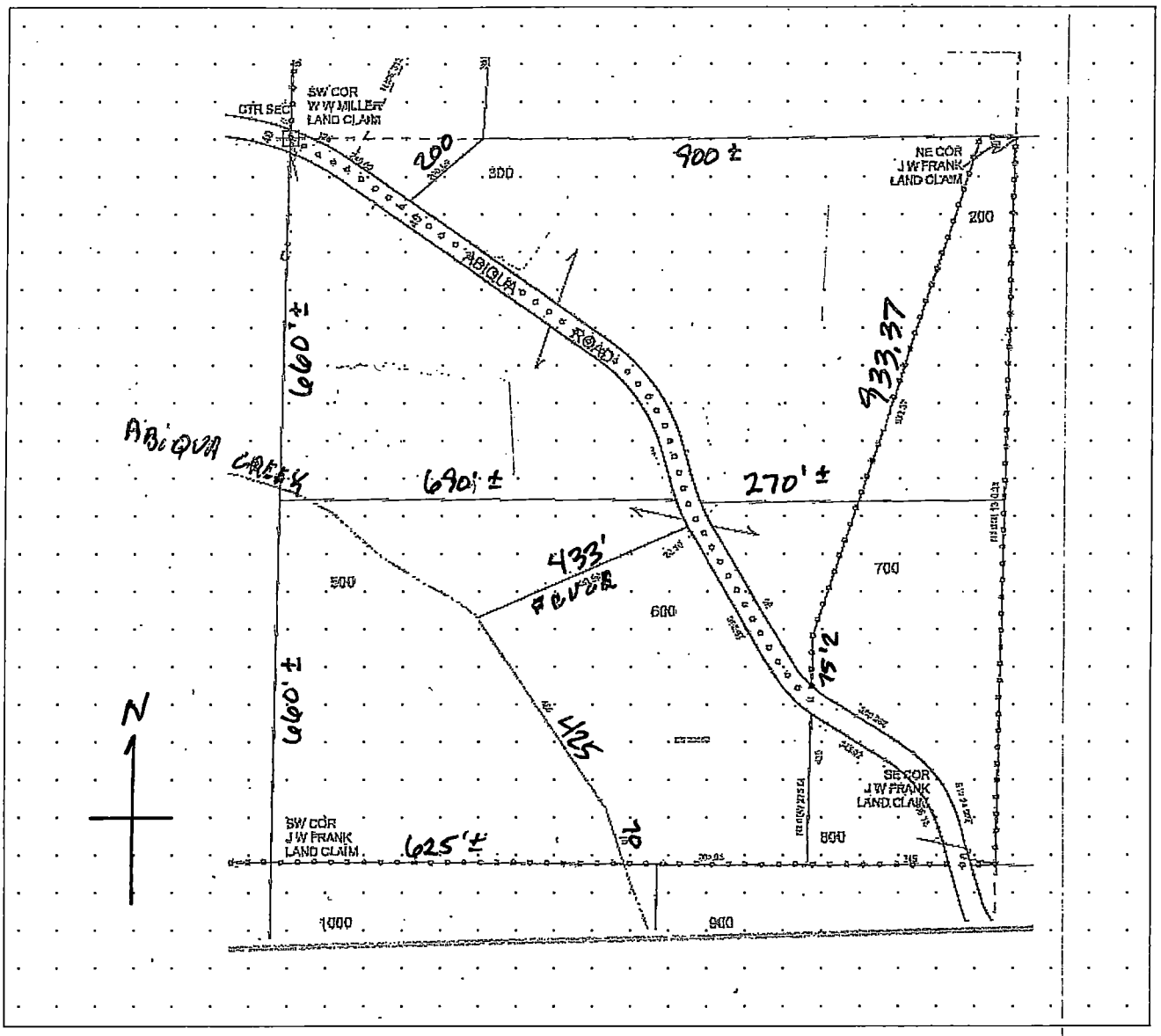
Permit Specialist Review: _____ Date: _____

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

☐ Drawn to Scale: 1 square = 300'± Feet Not Drawn to Scale: Total Acres _____



I certify that the above information is accurate to the best of my knowledge. I AM THE [ ] Owner or [X] Authorized Agent

NAME (please print): DONALD M. KELLEY Telephone # (503) 873-8671

Applicant's Signature: By Donald M. Kelley Date: 10/10/23

Applicant's Mailing Address: 110 N. 2nd ST City: SILVERTON Zip: 97381

FOR OFFICE USE ONLY

PLANNING: _____ Date: _____

PUBLIC WORKS: _____ Date: _____

BUILDING INSPECTION (Acceptable for Planning requirements only) _____ Date: _____