



**Agricultural or Forestry Building Exemption Certification**  
**Equine Facility Exemption Certification**  
 Marion County Public Works – Building Inspection Division  
 5155 Silverton Rd. NE, Salem Oregon 97305  
 Phone: (503) 588-5147 Fax: (503) 588-7948 Email: [building@co.marion.or.us](mailto:building@co.marion.or.us)

**Site Plan is Required – see attached information**

Owner/applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job site address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parcel Information: Parcel Size: \_\_\_\_\_ Parcel No.: \_\_\_\_\_ Zone: \_\_\_\_\_

**Proposed Building Information**

Describe specific use of the building and items contained within \_\_\_\_\_

Building Data: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Area: \_\_\_\_\_ Height: \_\_\_\_\_

Type of Exemption:  Agricultural Building  Forestry Building  Equine Facility (Provide information below):

What is the proposed maximum number of people (including employees, owners, etc.) that will be present in the building at any one time? \_\_\_\_\_

Will this structure be used by the public at any time?  Yes  No

Is the proposed structure located within a floodplain?  Yes  No

Is the building located on/used in the operation of a farm?  Yes  No

Is the proposed structure a residential dwelling or manufactured home?  Yes  No

Is the use of the structure or the items within it used for any business or commercial activities?  Yes  No

If yes, please explain: \_\_\_\_\_

**Agricultural/Equine Exemption Criteria – Select all that apply:**

- Storage, maintenance, or repair of machinery, equipment, and supplies used on this farm
- Raising, harvesting, or selling crops raised on this farm
- Feeding, breeding, management, or sale of livestock, poultry, furbearing animals, or honeybees
- Dairying or the sale of dairy products produced on this farm
- Other agricultural, horticultural, or animal husbandry used
- Stabling, training, riding lessons, or clinics (Complete Equine Exemption Criteria)
  - # of stalls/horses \_\_\_\_\_
  - # of stalls/horses for personal use only \_\_\_\_\_
  - # of stalls/horses used for commercial or trade purposes including boarding, training, rentals, clinics, shows, etc. \_\_\_\_\_

**Which of the following systems will the proposed structure have?**

Electrical  Yes  No (Complete Electrical Wiring Criteria)

Will there be a concrete slab either within or adjacent to the building?  Yes  No

Will there be farm animals (poultry excluded) within the building at any time?  Yes  No

Will there be farm animals (poultry excluded) on the slab at any time?  Yes  No

Will the building be used for storage of feed, hay, or straw?  Yes  No

Will the building be used for major repair of motor vehicle equipment?  Yes  No

Heating/cooling/ventilation/mechanical  Yes  No

Septic  Yes  No

**(Any yes answer will require a separate permit)**

Plumbing (Please specify fixture type)  Yes  No \_\_\_\_\_





# INSTRUCTIONS FOR PREPARATION OF A SITE PLAN

Site plan must be current, drawn to scale, and show all property lines.  
If unable to draw to scale, property lines must still be shown noting actual dimensions  
or total acreage.

Failure to include all of the items listed below may delay the review necessary to obtain a permit

## ITEMS THAT MUST BE SHOWN ON YOUR SITE PLAN:

- 1. **NORTH ARROW.**
- 2. **SCALE OF DRAWING**, the site plan must be drawn to scale, indicate scale used.
- 3. **STREET NAME** accessing the parcel.
- 4. **ALL PROPERTY LINES AND DIMENSIONS** – existing and proposed.
- 5. **DRIVEWAYS, ROADS, INTERNAL ROADS, PARKING AND CIRCULATION AREAS** – existing and proposed and label as “Paved” or “Gravel.” Show driveway to public right-of-way.
- 6. **EXISTING AND PROPOSED STRUCTURES** - label as “Proposed” and “Existing”. Include dimensions and distance to all property lines and other structures.
- 7. **UTILITY LINES AND EASEMENTS.**
- 8. **GEOGRAPHIC FEATURES** – ground slope and direction of slope, escarpments, streams, ponds, or other drainage ways.
- 9. **WELLS** – existing and proposed on this parcel and adjacent parcels within 100 feet.
- 10. **FENCES, RETAINING WALLS** – location of existing and/or proposed.
- 11. **PARTITIONING** (if applicable) – proposed new property line shown by dashed lines, with parcels labeled as “Parcel 1”, “Parcel 2”, etc.
- 12. **SEPTIC SYSTEM and REPLACEMENT AREA** – existing and proposed. Show existing septic tank, drain field lines and distance from structure(s).
- 13. **STORM WATER SYSTEMS OR DETENTION BASINS** – show existing and proposed.
- 14. **CUTS/FILLS** – show existing and proposed.
- 15. **ELEVATIONS** – at lot corners or construction area and at corners of building site.
- 16. **FLOODPLAIN** – if applicable, show the boundary of the 100 year floodplain.

If sanitary sewer service is not available, a septic system must be installed. Include the following additional items on the site plan:

- 17. **TEST HOLES** – show distances between holes and property lines. One test hole should be located in the center of the initial system installation site, the other in the center of the replacement area. Accuracy of location is very important.
- 18. **PROPOSED SEPTIC SYSTEM AND REPLACEMENT SYSTEM** – show septic tank and distance from structure; show disposal trenches and length, width, and distance between trenches

Commercial development must also include the following:

- 19. FIRE DEPARTMENT ACCESS
- 20. FIRE HYDRANTS –locations
- 21. HANDICAP ACCESS
- 22. LANDSCAPING – existing and proposed landscaping areas.
- 23. PARKING – lot configuration, number of parking spaces, and off-street loading area.

Additional information, such as patio slabs, walkways, roof overhangs, etc., may be required for the issuance of your permit.

## YOU MAY USE THE REVERSE SIDE OF THIS FORM TO DRAW YOUR SITE PLAN

Property Owner (s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Manufactured Home Park: \_\_\_\_\_ Space: \_\_\_\_\_

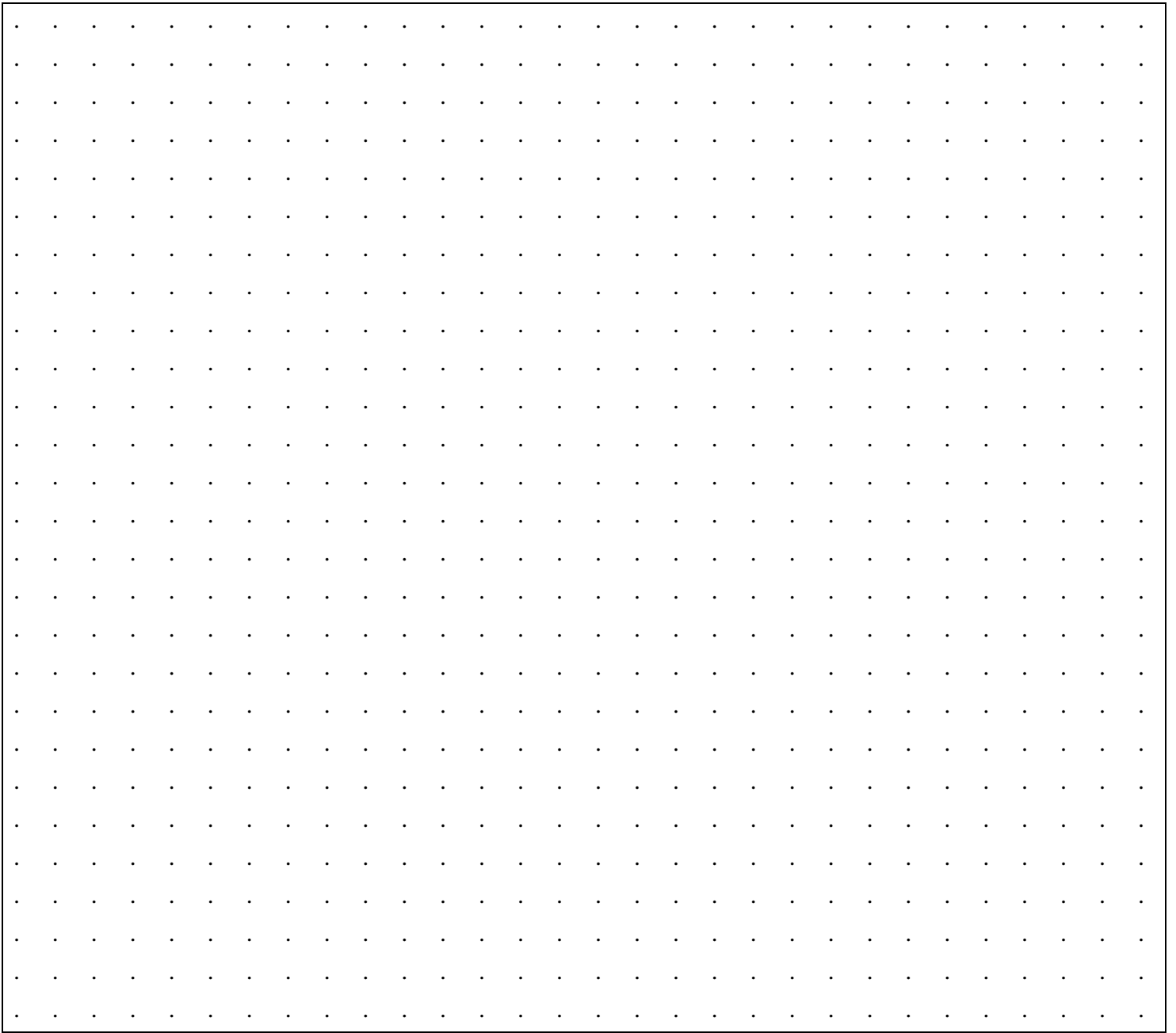
Assessor Map # (T-R-Sec-TL(s)): \_\_\_\_\_ Total # Acres \_\_\_\_\_

Zoning Designation: \_\_\_\_\_ Planning Map \_\_\_\_\_

Permit Specialist Review: \_\_\_\_\_ Date: \_\_\_\_\_

**SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS**

Drawn to Scale: 1 square = \_\_\_\_\_ 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 [ ] Authorized Agent**

Name (please print): \_\_\_\_\_ My telephone number is: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**FOR OFFICE USE ONLY**

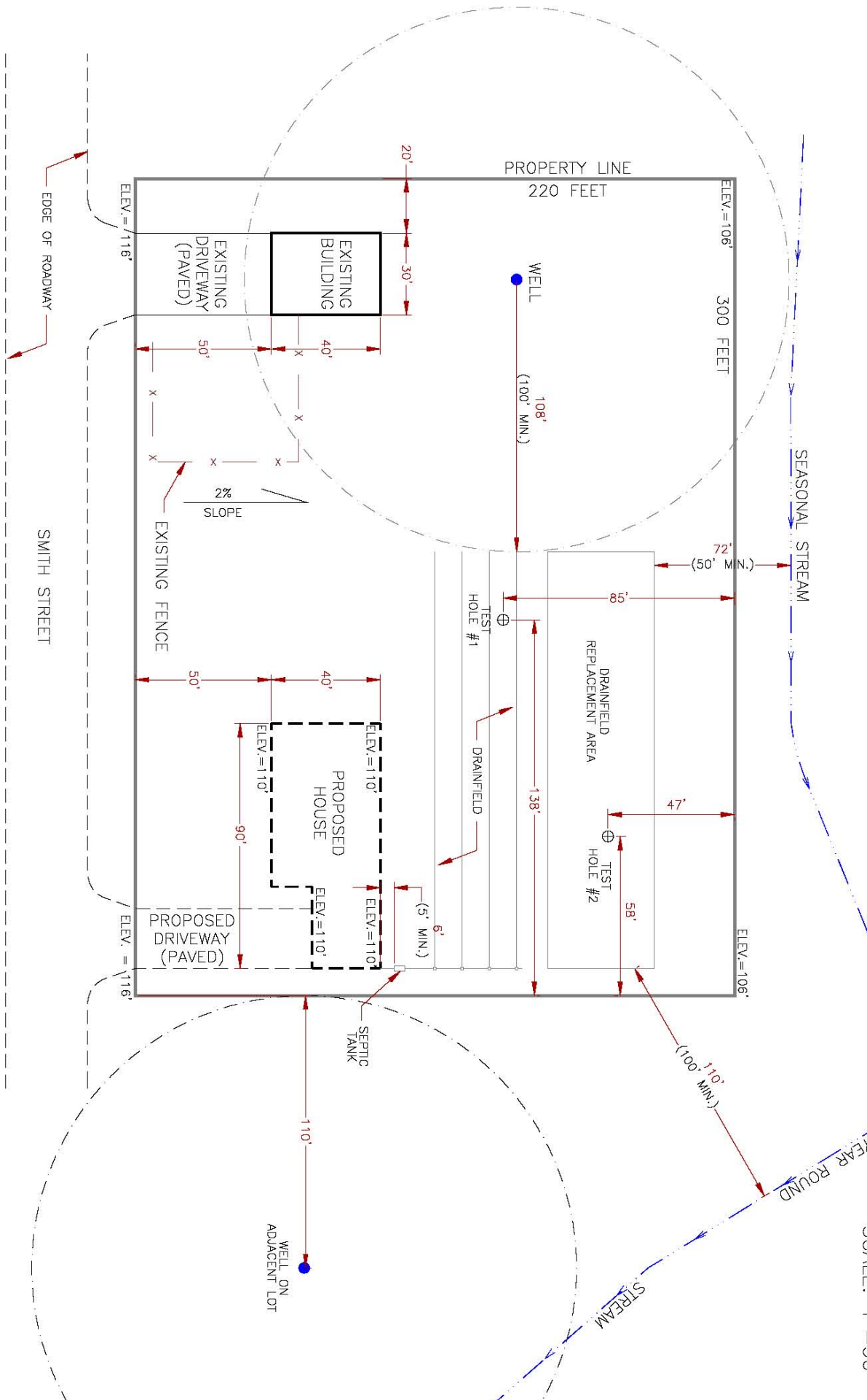
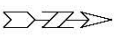
PLANNING: \_\_\_\_\_ Date: \_\_\_\_\_

PUBLIC WORKS: \_\_\_\_\_

BUILDING INSPECTION (Acceptable for Planning requirements only) \_\_\_\_\_ Date: \_\_\_\_\_

# SAMPLE RESIDENTIAL SITE PLAN

SCALE: 1"=50'





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BUILDING INSPECTION DIVISION  
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Salem OR 97305  
(503) 588-5147 Fax (503) 588-7948  
<http://www.co.marion.or.us>**

## **SEPTIC SYSTEM CERTIFICATION for RECORD REVIEW**

PROPERTY OWNER: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

I certify that I have personally investigated the existing septic system on the above property and have identified the exact location of all parts of the septic system, including the septic tank, distribution box or drop boxes, drainfield lines and future septic system replacement area. The attached site plan is an accurate representation of the location of the septic system and proposed structure(s) on the property, and the proposed development meets all minimum setback requirements from the existing septic system, and the future septic system replacement area. In addition if there isn't a septic system serving the property, this document is to certify that a full investigation has been made to determine that the parcel is not being served by a septic system.

I further certify that I have, to the best of my abilities, thoroughly inspected the septic system and found no evidence of any failure. The system appears to be functioning in a satisfactory manner at this time.

SIGNATURE: \_\_\_\_\_  
(Property Owner or the Owner's Authorized Agent)

Name (please print): \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_