



# CITY OF KEIZER PARTITION APPLICATION

**Applicant:** Charles Weathers  
**Address:** 1865 Church St SE City Salem Zip 97302  
**Email Address:** orreoproperties@gmail.com  
**Phone Number:** 503-510-8834

**Agent (if applicable):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Property Owner (if different):** Windsor Willows LLC  
**Address:** PO Box 2717 City Salem Zip 97308  
**Email Address:** orreoproperties@gmail.com  
**Phone Number:** 503-510-8834

Property Address: \_\_\_\_\_

The owners do hereby request permission to divide a 18.12 sf parcel into 3 parcels, containing 9.20 sf, 4.99 sf and 3.93 sf. (in acres not square feet)

**Submit application along with the items listed below, as explained in the Partition Information Page:**

- A preliminary partition site plan
- NA  A tree removal plan
- NA  Proposed stormwater management system and preliminary grading plan
- Title transfer instrument
- The Applicant's written statement

**STREET/ACCESS EASEMENT NAMING (if applicable)**

If new street(s) or private access easement(s) are created with the proposed development, please provide four name choices in order of preference.

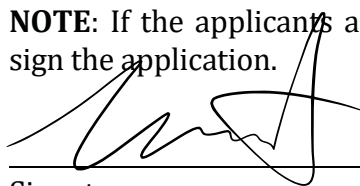
- |    |                      |    |                     |
|----|----------------------|----|---------------------|
| 1. | <u>Weathers Lane</u> | 3. | <u>Orreo Lane</u>   |
| 2. | <u>Willows Lane</u>  | 4. | <u>Charles Lane</u> |

**THE APPLICANT(s) SHALL CERTIFY THAT:**

1. The above partition request does not violate any deed restrictions that may be attached to or imposed upon one, both, or all of the subject properties.
2. If the application is approved, the applicant(s) will exercise the rights granted in accordance with that approval and will be subject to all conditions and limitations of approval.
3. All of the above statements and the 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 applicants acknowledge that any permit issued on the properties may be revoked if is found that any statements are false.
4. The applicant(s) acknowledge 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 APPLICANTS**

**NOTE:** If the applicants are not the property owner(s), the current property owner **MUST** sign the application.



\_\_\_\_\_  
Signature

2/7/2025

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AGENT AUTHORIZATION**

Fill out and sign this portion of the application if you (the applicant) are going to designate another individual as your agent. By signing this section, you authorize the person named to act as your agent and agree to be bound by all representations and agreements made by the designated agent.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act as my representative and agent in all matters pertaining to the processing and approval of this land use application, and agree to be bound by all representations and agreements made by the above designated agent.

\_\_\_\_\_  
Signature


\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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

**PRINTED NAME:** Charles Weathers, Member

2/7/2025  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> Filing fee	
_____	_____
Date application determined complete	Application accepted by