

City of Portland, Oregon - Bureau of Development Services



1900 SW Fourth Avenue · Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds

Land Use Re	eview Application	File Number: Ly 2	LO-102914 DZM GW	
FOR INTAKE, STAF	F USE ONLY	Qtr Sec Map(s) 3430 Zoning CX d ₁ Q		
Date Rec 1/8/20		Plan District CC - South Waterfront		
☐ Type I ☐ Type Ix ☐ Ty	ype II 🗀 Type IIx 💢 Type III 🗀 Type IV	Historic and/or Design District CC-South Waterfrint		
LU Reviews DZA		Neighborhood South Portland		
[Y] [M Unincorporated		District Coalition SWN		
[Y] [N] Flood Hazard A	rea (LD & PD only)	_ · · /		
[Y] [N] Potential Landsl	slide Hazard Area (LD & PD only)	Business Assoc Sowth Portland		
[N] 100-year Flood	Plain [Y] [N DOGAMI	Related File # <u>EA19-198340 PC, LU19-225732.D2MGV</u>		
APPLICANT: Compl	lete all sections below that a	apply to the propos	al. Please print legibly.	
	South Waterfront Block 41, 42, er Parkway and SW Abernethy		reage 9.721 AC	
		Sq. π./AC	reage	
Site tax account number R 372891	er(s) R 327894	R		
R	R R			
Adjacent property (in s	same ownership) tax account num	nber(s)		
R	<u>R</u>	<u>R</u>		
Describe project (attack See attached pages	th additional page if necessary)			
	1 DE		•	
	1 GW			
	3 mobs			
	ormwater disposal methods ation planters and filtration tank	systems inside the	buildings.	
Identify requested land Type III Land use rev				
Design & Historic Re	eviews - For new development, pr	ovide project valuation.	\$ <u>175,000,000.00</u>	
	or renovation , provide exterior altera ND provide total project valuation.	ation value.	\$ \$	
	entify number of lots (include lots for			
	ew street (public or private)?		☑ yes ☐ no	
Affordable Housing	 For buildings containing five or mo 50% or more of the units be afford incomes equal to or less than 60% 	lable to households with	yes I no I N/A continued / over	

income for the county or state, whichever is greater?

- Applicant Information
 Identify the primary contact person, applicant, property owner and contract purchaser. Include any person that has an interest in your property or anyone you want to be notified. Information provided, including telephone numbers and e-mail addresses, will be included in public notices.
- For all reviews, the applicant must sign the Responsibility Statement.
- For land divisions, all property owners must sign the application.

PRIMARY CONTACT:				1	adel bonne		
Name Wade Johns		Signature _	· W	aresjonne			
Company/Organization	Alamo Manhatt	an					
Mailing Address 3012	Fairmount Stree	et, Suite 100					
City Dallas			State_TX		Zip Code_75201		
Day Phone 469.941.45	514	FAX		email	wade.johns@alamomanhattan.com		
Check all that apply	Applicant	Owner	Other				
NameJeancarlo Saenz			Signature _	+			
Company/Organization HLR Architects							
Mailing Address 1488	1 Quorum Drive	, Suite 550		1			
City Dallas			State_TX		Zip Code_75254		
Day Phone 972.726.94	100 x 106	FAX		email	jeancarlo@hlrinc.net		
Check all that apply	Applicant	☐ Owner					
Name							
Company/Organization			,				
Mailing Address							
City			State		Zip Code		
Day Phone		FAX		email			
Check all that apply							
Name							
Company/Organization							
Mailing Address							
City			State		Zip Code		
Day Phone		FAX		email			
Check all that apply	☐ Applicant	Owner	Other				
Responsibility Statement As the applicant submitting this application for a land use review, I am responsible for the accuracy of the information submitted. The information being submitted includes a description of the site conditions. I am also responsible for gaining the permission of the owner(s) of the property listed above in order to apply for this review and for reviewing the responsibility statement with them. If the proposal is approved, the decision and any conditions of the approval must be recorded in the County Deed Records for the property. The City of Portland is not liable if any of these actions are taken without the consent of the owner(s) of the property. In order to process this review, City staff may visit the site, photograph the property, or otherwise document the site as part of the review. I understand that the completeness of this application is determined by the Director. By my signature, I indicate my understanding and agreement to the Responsibility statement.							
Print name of person su	ubmitting this ap	plication Jean	carlo Saenz				
Signature		**					
Phone number 972.72	6.9400 x 106		Date	06.20			