



Land Use Review Application

File Number:

FOR INTAKE, STAFF USE ONLY

Date Rec _____ by _____

Type I Type II Type IIx Type III Type IV

LU Reviews _____

[Y] [N] Unincorporated MC

[Y] [N] Flood Hazard Area (LD & PD only)

[Y] [N] Potential Landslide Hazard Area (LD & PD only)

Qtr Sec Map(s) _____ Zoning _____

Plan District _____

Neighborhood _____

District Coalition _____

Business Assoc _____

Related File # _____

APPLICANT: Complete all sections below that apply to the proposal. Please print legibly.

Development Site
Address or Location NE 82nd & NE Siskiyou

Cross Street NE Siskiyou Street Sq. ft./Acreage 1,128,204 sq. ft.
25.9 acres

Site tax account number(s)

R 649780870 R _____ R _____
R 942280380 R _____ R _____

Adjacent property (in same ownership) tax account number(s)

R _____ R _____ R _____

Describe project

Proposed multi-building commercial/retail development with 240,000 sq. ft. in four (4) buildings. Request to increase allowed retail sales and services uses in the EG Zone from maximum of 60,000 sq. ft. and reduce front setback from 25' to 15' on NE 82nd Avenue.

Identify requested land use reviews

Type III Conditional use review

Type III Unassigned review per land use case file ZC 7791

Type II Adjustment

• Design Review - For new development, provide project valuation. \$ _____
For renovation, provide exterior alteration value.

• Land Divisions - Identify number of lots (include lots for existing development). _____
New street (public or private)? yes no

continued / over 1

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.
- For all reviews, the applicant must sign the Responsibility Statement.
- For land divisions, all property owners must sign the application.

PRIMARY CONTACT, check all that apply Applicant Owner Other Applicant's representative

Name Steven L. Pfeiffer Signature _____

Company/Organization Perkins Coie LLP

Mailing Address 1120 NW Couch Street, 10th Floor

City Portland State OR Zip Code 97209

Day Phone (503) 727-2261 FAX (503) 727-2222 email spfeiffer@perkinscoie.com

Check all that apply Applicant Owner Other _____

Name Shawn Fujiki Signature _____

Company/Organization 558637 British Columbia Limited

Mailing Address 201-11120 Horseshoe Way

City Richmond State BC Zip Code V7A 5H7

Day Phone (604) 448-9112 FAX (604) 448-9114 email _____

Check all that apply Applicant Owner Other _____

Name Mike Hashem Signature _____

Company/Organization M. Hashem Limited Partnership / PSFM Limited Partnership

Mailing Address PO Box 1587

City Clackamas State OR Zip Code 97015

Day Phone (503) 631-3671 FAX (503) 631-3672 email _____

Check all that apply Applicant Owner Other Applicant's representative

Name Stefanie H. Slyman AICP Signature _____

Company/Organization Perkins Coie LLP

Mailing Address 1120 NW Couch Street, 10th Floor

City Portland State OR Zip Code 97209

Day Phone (503) 727-2025 FAX (503) 727-2222 email sslyman@perkinscoie.com

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 submitting this application Steven L. Pfeiffer, Applicant's Representative

Signature _____

Phone number (503) 727-2261 Date 8/15/06