

**City of St. Helens**  
**Application for Appeal of Land Use Decision**

PLEASE PRINT ♦ COMPLETE ALL BOXES ♦ USE ADDITIONAL PAPER IF NEEDED

Appellant Name(s):	File Number of Land Use Decision being Appealed:
Appellant Mailing Address:	
Appellant Telephone No.:	Appellant E-mail Address:

**APPEAL INFORMATION**

Subject Property Assessor's Map & Tax Lot No.:	Subject Property Site Address: <i>Street name if # not assigned</i>
Type of Land Use Decision being Appealed:	
Statement as to how appellant qualifies to appeal (pursuant to Development Code):	
Grounds for Appeal: <i>Include <b>specific</b> reference(s) to Development Code and/or Comprehensive Plan provisions which form the basis for the appeal.</i>	

Appellant(s) Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Type:	Fee Amount Paid:
Date Received:	Receipt No.:
Date Accepted as Complete:	File No.: