

City of St. Helens Application to Amend Land Use Decision

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

Applicant Name(s):	File Number of Land Use Decision to be Amended:
Applicant Mailing Address:	Applicant E-mail Address:
Applicant Telephone No.:	

PROJECT INFORMATION

Subject Property Assessor's Map & Tax Lot No.:	Subject Property Site Address: <small>Street name if # not assigned</small>
Original Land Use Request Type (i.e. variance, partition, etc.):	
Statement as to how applicant qualifies to make this request (pursuant to Development Code):	
Grounds for Request: <small>Include specific reference(s) to Development Code and/or Comprehensive Plan provisions which form the basis for the request.</small>	

Applicant(s) Signature

Date Signed

FOR OFFICE USE ONLY

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