

**City of St. Helens**  
**Application to Amend Land Use Decision**

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: <i>Street name if # not assigned</i>
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: <i>Include <b>specific</b> reference(s) to Development Code and/or Comprehensive Plan provisions which form the basis for the request.</i>	

\_\_\_\_\_  
Applicant(s) Signature

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

FOR OFFICE USE ONLY	
Date Received:	Fee Amount Paid:
Date Accepted as Complete:	Receipt No.:
Application Type:	File No.: