

City of St. Helens

265 Strand Street
St. Helens, Oregon
97051

Preapplication Conference Application

Property Owner(s):

(print name)

(signature)

(date)

(print name)

(signature)

(date)

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

Applicant:

☐ ← Tick box if Property Owner is Applicant

(print name)

(signature)*

(date)

*By signing, applicant acknowledges SHMC
17.24.040 and the second page of this
application form.

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

PROJECT LOCATION

Address: _____

Map & Taxlot(s): _____

Geographic Description (for example street intersection): _____

PROJECT DESCRIPTION (attached additional information as needed)

By the act of signing this application the applicant acknowledges that they have reviewed St. Helens Municipal Code 17.24.040 and understands that:

- 1. Pursuant to **SHMC 17.24.040(3)** the applicant has the burden to demonstrate strict compliance with each and every applicable approval criterion by providing competent substantial evidence of compliance for the record. The burden is on the applicant to ascertain for themselves what is required for approval from the text of the local code, plan and state statutes.

The information and opinions provided in a preapplication conference are for the general assistance of the applicant, and shall not be binding on the city, the applicant or any of the participants. Failure of the director to cite or identify any of the information required by this chapter shall not constitute a waiver of the standards, criteria, or other requirements of the application.

- 2. The fee for the Preapplication Conference is not refundable but may contribute to the related application fee(s) if the application is submitted within six months of the preapplication conference.
- 3. It is not the city’s responsibility to take notes for the applicant before, during, or after the preapplication conference. City may provide notes at its discretion, but the notes are not binding per **SHMC 17.24.040(3)**.

OFFICIAL USE ONLY	
Date Received:_____	Pre-Application Conference Date:_____
Fee Paid:_____	Receipt Number:_____