

DEVELOPMENT REVIEW APPLICATION

1. Name of Project:			
2. Property Owner Information:			
Name:		Email:	
Mailing Address:			
Phone:		Fax:	
3. Applicant Information:			
Name:		Email:	
Mailing Address:			
Phone:		Fax:	
4. Representative Information:			
Name:		Email:	
Mailing Address:			
Phone:		Fax:	
5. Street Address of Project:			
6. Legal Description:			
7. Project Description:			
8. Zoning Designation:			
9. Current Land Use(s):			
10. Gross Area:	Acres		Square Feet
11. Net Areas:	Acres		Square Feet

Sketch Plan (√)		Zone Map Amendment (ZMA) (√)			
Site Plan, Prelin	ninary (√)	Zone Map Amendment Initial ($$)			
CUP, Prelimina	y (√)	Zoning Text Amendment ($$)			
Site Plan, Final	()	Informal Review			
CUP, Final $()$		Classification of Use			
Variance $()$		Public Agency Exemption			
Administrative A	Appeal (√)				
13. Attachments:					
Yes					
Checklist for A	Checklist for Appropriate Application Type (if available). If a Checklist is not available, enough				
information mu	information must be provided to make a proper decision in the matter. No decisions are made for				
Public Agency	Public Agency Exemption or Informal Review.				
Fee (includes be	Fee (includes both review fee and advertising fee).				
Copy of most re	cent paid tax receipt.				
Copy of the dee	d for the subject property	y.			
Required Numb	er of Sets.				

As indicated by the signature(s) below, the property owner(s), applicant(s) and representative(s) submit this application for review under the terms and provisions of the East Helena Municipal Code. It is further indicated that any work undertaken to complete a development, approved by the City of East Helena shall be in conformance with the requirements of the East Helena Municipal Code and any special conditions established by the approval authority. This development shall be in conformance with building and fire codes including required building and occupancy permits.

I (We) hereby certify that the above information is true and correct to the best of my (our) knowledge.		
Property Owner's Signature:	Date:	
Applicant's Signature:	Date:	
Applicant's Signature:	Date:	
Representative's Signature:	Date:	
Representative's Signature:	Date:	

Use additional pages as necessary to provide all required information.