

ZONING AMENDMENT AND ADMINISTRATIVE APPEALS CHECKLISTS

ZONING MAP OR ZONING TEXT AMENDMENT CHECKLIST

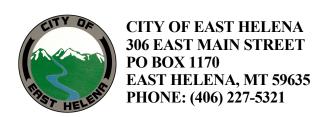
3 SETS REQUIRED	Yes	No	N/A
1. Development Review Application form.			
2. A written response to the following criteria.			
Consistency with the City's growth policy;			
 Lessening of congestion in the streets; 			
 Securing safety from fire, panic and other dangers; 			
Promotion of health and the general welfare;			
Provision of adequate light and air;			
Prevention of the overcrowding of land;			
Avoiding undue concentration of population;			
• Facilitating the adequate provision of transportation, water, sewerage, schools, parks and other public requirements;			
Reasonable consideration to the character of the district;			
• Reasonable consideration to the peculiar suitability of the property for particular uses;			
Conserving the value of buildings; and			
• Encouraging the most appropriate use of land throughout the municipality.			

ADMINISTRATIVE PROJECT DECISION APPEAL CHECKLIST

3 SETS REQUIRED	Yes	No	N/A
1. Development Review Application form.			
2. A description of the project that is the subject of the appeal.			
3. Site Plan or Sketch Plan Checklist. The plans shall contain sufficient			
information for the Council to make a proper decision on the matter.			
4. Evidence that the appellant is an aggrieved person as defined in Chapter 14			
(Definitions) of the East Helena Zoning Ordinance.			
5. The specific grounds and allegations for the appeal, and evidence necessary to			
support and justify a decision other than as determined by the city staff.			

ADMINISTRATIVE PROJECT INTERPRETATION APPEAL CHECKLIST

3 SETS REQUIRED		
1. Development Review Application form.		
2. Site Plan or Sketch Plan Checklist. The plans shall contain sufficient		
information for the Council to make a proper decision on the matter.		
3. Evidence to prove that the decision or action of the city staff for which		
appeal is made was incorrect or in violation of the terms of the East Hele	na	
Zoning Ordinance.		



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.