City of Garden City Board of Appeals Use Request



Development Information

Development Name (If applicable)				
Property Address				
Parcel ID	Table's Assess			
Parcel ID	Total Site Acreage			
Current Zoning	Current Use			
Provide the use number <u>and</u> use from the Garden City Zoning Ord	linance (<u>Sec. 90-47</u>) you are requesting:			
Use Number: Use:				
Do you affirm to abide by all conditions/regulations required conditions/regulations as outlined in the Garden City Zoning Ordinance (Sec. 90-47)? Yes No Not Applicable				
Detailed project description including the character and intended use of the development. Please provide any additional				
information that you deem relevant, particularly as related to the criteria listed below. Attach additional pages as needed.				

The application to establish such use shall be evaluated on the basis that the proposed use:

- a. Does not affect adversely the general plans for the physical development of the city
- b. Will not be contrary to the purposes of the zoning ordinance
- c. Will not affect adversely the health and safety of residents and workers in the city
- d. Will not be detrimental to the use or development of adjacent properties or the general neighborhood
- e. Will not adversely affect the existing uses in the neighborhood
- f. Will be placed on a lot of sufficient size to satisfy the space requirements of such use
- g. Will not constitute a nuisance or hazard because of the number of persons who will attend or use such facility, vehicular movement, noise or fume generation or type of physical activity
- h. Meets the standards set forth for the particular use set forth in Section 90-47 (where applicable)

City of Garden City Variance Application



Applicant Information

Ov	vner		
	Name	Address	
		_ ,	
	Phone	Email	
Na	Iture of Ownership Interest	L	
ls 1	the Owner an: Individual Partnership Sole Proprietor	☐ Firm ☐ Corporation ☐ Association	
No	ote: If a corporation, submit a list of officers, directors & major sto	ckholders with name, address and title.	
If a	a partnership, submit a list of all partners with name, address and	title.	
En	gineer/Surveyor	t ☐ Check here to receive staff review of	comments via email
	Company Name	Contact (Individual Name)	
	Phone	Email	
	Prione	Email	
Au	thorized Agent (Requires Authorized Agent Form)	☐ Check here to receive staff review of	comments via email
	Company Name	Contact (Individual Name)	
	Phone	Email	
	Thome		
	mpaign Contribution		1 111 1 (0)
	t below the names of local government officials, Garden City City		, , ,
•	ars immediately preceding the filing of this application, which cam	paign contributions total \$250.00 or more or	to wnom gifts were
ma	ade having a total value of \$250.00 or more.	Amount or Description of Gift	
	Elected Official's Name	Amount or Description of Gift	
l h	ereby certify that I am the owner or authorized agent for th	e property included in this development	application The
	ormation provided in this application is accurate and compl		• •
	sleading information provided in this or subsequent applica	, ·	
	law and ordinance.	tions will be fluit and void and subject to	penalty as provided
υy	law and ordinance.		
l u	nderstand that I will need to attend or be represented by a	duly authorized agent at the meeting of	the Board of Zoning
Αр	peals and that my application cannot be approved unless I	am represented.	
P	rint Name Signature		Date
•	Jightune		_ 410

OFFICE USE ONLY			
Received By	Date Received	Case Number	