

# City of Garden City – Zoning Text Amendment Application



## Development Information (If applicable)

Development Name	
Property Address	
Current Zoning	Proposed Zoning
Current Use	Proposed Use
Parcel ID	Total Site Acreage
Proposed Water Supply	Proposed Sewage Disposal
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private

Zoning Classification Alteration Request	
District/Classification:	Code Section:
Specific Request:	
Justification for Request:	

Please provide any additional information that you deem relevant.



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G A R D E N C I T Y

## Applicant Information

<b>Applicant</b>	
<b>Name</b>	<b>Address</b>
<b>Phone</b>	<b>Email</b>
<b>Engineer/Surveyor</b> <input type="checkbox"/> Same as authorized agent <input type="checkbox"/> Check here to receive staff review comments via email	
<b>Company Name</b>	<b>Contact (Individual Name)</b>
<b>Phone</b>	<b>Email</b>
<b>Authorized Agent (Requires Authorized Agent Form)</b> <input type="checkbox"/> Check here to receive staff review comments via email	
<b>Company Name</b>	<b>Contact (Individual Name)</b>
<b>Phone</b>	<b>Email</b>
<b>Campaign Contribution</b>	
List below the names of local government officials, Garden City City Council, to whom campaign contributions were made, within two (2) years immediately preceding the filing of this application, which campaign contributions total \$250.00 or more or to whom gifts were made having a total value of \$250.00 or more.	
<b>Elected Official's Name</b>	<b>Amount or Description of Gift</b>

I understand that I will need to attend or be represented by a duly authorized agent at the meeting of the Planning Commission and City Council and that my application cannot be approved unless I am represented.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY		
<b>Received By</b>	<b>Date Received</b>	<b>Case Number</b>
<b>Submittal Format</b> <input type="checkbox"/> Electronic <input type="checkbox"/> Paper <input type="checkbox"/> Both	<b>Fee Amount Paid</b>	<b>Invoice Number</b>