## **City of Garden City Variance Application**



## **Development Information**

Development Name (If applicable)				
Property Address				
Current Zoning	Current Use			
Parcel ID	Total Site Acreage			
Section of the zoning code from which you are seeking a variance:				
Describe the variance request you are requesting.				
Would denial of this request create practical difficulty or an unnec	essary hardship?			
Does the property have extraordinary and exceptional conditions because of its size, shape or topography?				
Are the conditions of the property unique to this piece of property?				
Would approval of this variance request cause any detriment to adjoining properties or the community?				
Please provide any additional information that you deem relevant.				

## **City of Garden City Variance Application**



## **Applicant Information**

0		
Owner		
Name	Address	
Phone	Email	
Nature of Ownership Interest		
	Sole Proprietor □ Firm □ Corporation □ Asso	sciation
Note: If a corporation, submit a list of officers, direc	•	
If a partnership: Submit list of all partners with nam		title.
		aff review comments via email
Company Name	Contact (Individual Name)	an review comments via eman
Company Name	Contact (mulvidual Name)	
Phone	Email	
- None		
Authorized Agent (Requires Authorized Agent Forn	n)   Check here to receive sta	aff review comments via email
Company Name	Contact (Individual Name)	
Phone	Email	
Campaign Contribution		
List below the names of local government officials, of	Garden City City Council, to whom campaign contri	butions were made, within two (2)
years immediately preceding the filing of this application	ation, which campaign contributions total \$250.00	or more or to whom gifts were
made having a total value of \$250.00 or more.		
Elected Official's Name	Amount or Description of Gift	
understand that I will need to attend or be rep	presented by a duly authorized agent at the m	neeting of the Board of Zoning
Appeals and that my application cannot be app		
approach and maciny approaches carried so app	To tou am coot am roprosontour	
Drint Nama	Cignature	Data
Print Name	Signature	Date

OFFICE USE ONLY						
Received By			Date Received	Case Number		
Submittal Format			Fee Amount Paid	Invoice Number		
□ Electronic	□ Paper	□ Both				