



The City of Garden City, Georgia
100 Central Avenue, Garden City, Georgia 31405
Phone: 912.966.7777 Fax: 912.963.2735

Building Permit #: _____
PIN #: _____

PLANNING COMMISSION APPLICATION

Date Filed: _____ Amount Paid: _____ Case #: _____

This application, along with the appropriate application fee, is to be submitted to the **Department of Planning and Economic Development** by the 15th of each month for placement on the following month's meeting agenda. The Planning Commission meets the second Tuesday of each month. The applicant will be notified when the meeting is scheduled by certified letter.

Applications may only be pulled up until one week prior to the scheduled meeting. No refunds of any application costs will be issued. No exceptions will be made.

Please fill out all of page 1, and the corresponding relevant sections on the following pages.

Type of Application:

- | | |
|---|--|
| <input type="checkbox"/> Site Plan / LDA Application | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Building / Building Permit Application | <input type="checkbox"/> Appeal / Variance |
| <input type="checkbox"/> Rezoning / Zoning Amendment | |

General Information:

Property Owner: _____ Phone: _____

Cell Phone: _____ Email: _____

Mailing Address: _____

Property Address: _____

PIN#: _____ Zoning District: _____

Applicant Name (if different from above): _____ Applicant Phone (if different from above): _____

Applicant Address (if different from above): _____

If the applicant is different from the property owner, please include a letter from the property owner authorizing the applicant to act on his/her behalf.

Signature of Applicant: _____ Date: _____



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For Site Plans / LDA Applications:

Please submit four (4) sets of site plans with this application.

For Building / Building Permit Application:

Please submit four (4) sets of building plans with this application.

For Rezoning / Zoning Amendments:

Denied applications cannot be refiled for six (6) months.

Text: Zoning Classification to be Altered: _____ Section: _____

Specific Request:

Justification for Request:

Please include with this application a copy of the existing text where the change is being requested and a copy of the new requested text.

Map: Zoning Classification to be Altered From: _____ To: _____

Existing Land Use:

Desired Land Use:

Justification for Request:

Please include with this application two plats of the property in question, along with corresponding maps of the adjacent property to the site, including the nearest public street with intersection (if possible).



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For Subdivisions:

Please include with this application two plats of the property in question, along with corresponding maps of the adjacent property to the site, including the nearest public street with intersection (if possible).

Also include two plats with the proposed subdivision clearly and accurately marked.

For Appeals / Variance:

Appeal decisions are final with no opportunity to refile.

- Establish a use which must be approved by appeal
- Request to vary:
 - A building setback requirement
 - A lot width requirement
 - A lot area requirement
 - A landscaping requirement (subject to supplemental requirements)
 - An architectural requirement (subject to supplemental requirements)
- Extension of a non-conforming use
- Other – please describe:

Justification for Request:
