

City of Garden City Rezoning Application



G A R D E N C I T Y

Development Information

Development Name (If applicable)

Property Address

Current Zoning

Proposed Zoning

Current Use

Proposed Use

Parcel ID

Total Site Acreage

Proposed Water Supply

Public Private

Proposed Sewage Disposal

Public Private

Describe the current use of the property you wish to rezone, including property characteristics (developed, wooded, cleared, etc.)

Describe the use that you propose to make of the land after rezoning

Describe the uses of the other property in the vicinity of the property you wish to rezone

Describe how your rezoning proposal will allow a use that is suitable in view of the uses and development of adjacent and nearby property

Will the proposed zoning change result in a use of the property, which could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools? Describe the proposed access.

Please provide any additional information that you deem relevant.

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GARDEN CITY

Applicant Information

Owner	
Name	Address
Phone	Email
Nature of Ownership Interest	
Is the Owner an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Firm <input type="checkbox"/> Corporation <input type="checkbox"/> Association	
Note: If a corporation, submit a list of officers, directors & major stockholders with name, address and title.	
If a partnership: Submit list of all partners with name, address and title.	
Engineer/Surveyor <input type="checkbox"/> Same as authorized agent <input type="checkbox"/> Check here to receive staff review comments via email	
Company Name	Contact (Individual Name)
Phone	Email
Authorized Agent (Requires Authorized Agent Form) <input type="checkbox"/> Check here to receive staff review comments via email	
Company Name	Contact (Individual Name)
Phone	Email
Campaign Contribution	
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.	
Elected Official's Name	Amount or Description of Gift

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