

City of Garden City Variance Application



GARDEN CITY

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 unnecessary 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.

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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 Board of Zoning Appeals 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