

City of Garden Site Plan Application



Development Information

Development Name

Property Address

Phased development? **If yes, indicate proposed number of phases:**

Yes No

Parcel ID	Total Site Acreage	Zoning

Project Description

Water Supply	Sewage Disposal
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private

Applicant Information

Owner

Name	Address
Phone	Email

Engineer/Surveyor Same as authorized agent Check here to receive staff review comments via email

Company Name	Contact (Individual Name)
Phone	Email

Authorized Agent (Requires Authorized Agent Form) Check here to receive staff review comments via email

Company Name	Contact (Individual Name)
Phone	Email

I understand that I will need to attend or be represented by a duly authorized agent at the meeting of the Planning Commission 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