



DEVELOPMENT CODE DECISION APPEAL

Permit info: _____

Application Date: _____ Rec'd by: _____

FOR OFFICE USE ONLY

6015 Glenwood Street ▪ Garden City, ID 83714 ▪ 208.472.2921

▪ www.gardencityidaho.org ▪ building@gardencityidaho.org

APPELLANT

Name:	Company:
Address:	City:
State:	Zip:
Tel.:	
E-mail:	

APPEAL

Application File No., Name and location:

Date of Decision:

Whose Decision are you appealing?

Staff Design Review Committee Planning & Zoning Commission

What specific decision(s) and or conditions are you appealing? (please attach if necessary)

How are you adversely affected by the decision? (please attach if necessary)

Please identify any evidence or supporting information to support your position that code was misinterpreted or misapplied. (please attach if necessary)

I consent to this application and hereby certify that information contained on this application and in the accompanying materials is correct to the best of my knowledge. I agree to be responsible for all application materials, fees and application correspondence with the City. I will hold harmless and indemnify the City of Garden City from any and all claims and/or causes of action from or an outcome of the issuance of a permit from the City.

Signature of the Applicant (date)