



PLANNING SUBMITTAL FORM

Permit info: _____

Application Date: _____ Rec'd by: _____

FOR OFFICE USE ONLY

6015 Glenwood Street • Garden City, ID 83714•208.472.2921(tel.)

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

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

ACTION REQUESTED (check all that apply)

- Appeal
- Lot Line Adjustment
- Code or Plan Amendment
- Specific Area Plan
- Conditional (special) Use Permit
- Temporary Use Permit
- Easement/Vacation of Easement

- Design Review
- Final Plat
- Flood Plain Dev
- Variance
- Rezone
- Minor PUD
- Minor Land Division
- Ability to Serve-CUP, DSR or SUB if applicable

- Preliminary Plat
- Planned Unit Development
- MFP Setback Reduction
- Zoning Certificate
- Other

PROPERTY INFORMATION

Site Address:

Subdivision Name:	Lot:	Block:
Tax Parcel Number:	Zoning:	Total Acres:
Proposed Use:	Floodplain:	YES NO

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)

Signature of the Owner (date)