



AMENDMENT APPLICATION

1. The following requirements and procedures apply in filing for an amendment request:
 - a. Completed Application
 - b. Application Fee \$250 (Holcomb \$200)
 - c. Any other documents requested by the Staff of the Planning Commission
2. Applicant must submit a complete application no later than 28 days prior to the meeting at which they desire to be heard.
3. The Planning Commission is regularly scheduled to meet on the 3rd Thursday of every month at 9:00 a.m.
4. 20 days prior to the meeting date, the case will be published in the newspaper.
5. The applicant or representative shall be present at the meeting.

For questions or help filling out the Amendment Application please contact:

**Neighborhood & Development Services Department
301 N. 8th Street Garden City, KS 67846
(620) 276-1170**

Application Deadline: _____

Planning Commission Meeting: _____

Governing Body Meeting: _____

APPLICATION FOR AMENDMENT

This is an application to amend a section(s) from the Zoning Regulations. Application for an amendment is hereby made to the Governing Body. For the purposes of this application the following information is provided:

JURISDICTION: GARDEN CITY ___ FINNEYCOUNTY ___ HOLCOMB ___

- 1. APPLICANT'S NAME: _____
MAILING ADDRESS: _____
PHONE: _____
EMAIL: _____

- 2. ARTICLE AND SECTION for which amendment is requested:

ARTICLE _____ SECTION _____

- 3. DESCRIBE REQUESTED AMENDMENT:

- 4. REASON FOR REQUESTED AMENDMENT:

- 5. Please state what effect you believe the above described amendment will have on neighboring properties, neighborhoods or the community.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. I UNDERSTAND THAT THIS WILL BE A PUBLIC DOCUMENT, SUBJECT TO RELEASE.

SIGNATURE OF AUTHORIZED APPLICANT: _____

DATE: _____