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: ______________________________________________

Governance 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: ______________________________
   ADDRESS: ____________________________________________
   PHONE: ______________________________________________

2. OWNER’S NAME: ____________________________________________
   ADDRESS: ____________________________________________
   PHONE: ______________________________________________

3. ARTICLE AND SECTION for which amendment is requested:
   ARTICLE_____________ SECTION ________________

4. DESCRIBE REQUESTED AMENDMENT:
   __________________________________________________________________________
   __________________________________________________________________________

5. REASON FOR REQUESTED AMENDMENT:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. 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: ______________________________