



CODE TEXT AMENDMENT

Permit info: _____

Application Date: _____ Rec'd by: _____

FOR OFFICE USE ONLY

6015 Glenwood Street ▪ Garden City, ID 83714 ▪ 208.472.2921 (tel.)
208.472.2926 (FAX) ▪ www.gardencityidaho.govoffice.com

APPLICANT

Name: _____

AMENDMENT REQUEST

Code Title, Chapter and section to be amended: _____

Date of Commission Recommendation: _____

What is the purpose of the proposed text amendment? _____

How is proposed text amendment consistent with the City's Comprehensive Plan? _____

What is the public need and benefit from this text amendment? _____

APPLICATION INFORMATION REQUIRED(PLEASE CHECK)

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.

Planning Submittal Form
 Exact Text Amendment in an underline and strike-out form

Any other data to support the proposed amendment

ALL BLUEPRINTS MUST BE FOLDED INTO 8^{1/2}" X 11" SIZE WITH THE TITLE BLOCK/PANEL FACE UP SO AS TO FIT WITHIN A LEGAL SIZE FILE FOLDER