

CITY OF GARRISON
APPLICATION FOR ZONING CHANGE

NAME OF APPLICANT _____

ADDRESS: STREET _____

CITY _____

LEGAL DESCRIPTION OF PROPERTY _____

ZONING CURRENTLY IS _____

ZONING CHANGE REQUESTED _____

REASON FOR CHANGE IN ZONING _____

LIST OF NEIGHBORS WITHIN 200 FEET OF PROPERTY SUBJECT TO
REQUESTED ZONING CHANGE

NAME

ADDRESS

FILING FEE \$300.00 to defray the costs of publication, notices, hearing, etc. Make payable to the City of Garrison.