

Miscellaneous Review Application

Planning & Community Development 800 Main Street 2ndFloor Ph: (972) 205-2445

Fax: (972)205-2474

Property Owner (name or entity):(The Property Owner on the above line must match the Owner information shown on the Acknowledgement Sheet.)	
Owner Contact (name):	
Owner Address:	
City:	State:Zip Code:
Owner Email:	Office Phone:
	Cell Phone:
Applicant/Agent (name or firm)(If the Agent is the same as the Owner, indicate Same Contact (name):	
Contact Address:	
City:	State:Zip Code:
Contact Email:	_Office Phone:
	Cell Phone:
Property Address:(If no address is available then provide a general local	ation.)
Subdivision Name:(If the property is not subdivided, submit a Metes and	Block: Lot: Bounds description on a USB Flash Drive in Microsoft Word format.)
Metes and Bounds:YesNo	NA Pre-Submittal Case #:
Acreage:	Existing Zoning District:
	Proposed Zoning District:
Application For:	
 Alternative Compliance Request For:	



Application Acknowledgements

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Acknowledgments

I understand that all required information and plans must be submitted with this application or the application be deemed incomplete as per Section 1.16 of the Garland DevelopmentCode

I understand the requirements of the zoning classifications as stated in the Garland Development Code related to this request and will comply with all necessary requirements of the City codes.

The City of Garland will not accept any application for rezoning if property taxes or liens are outstanding or delinquent. Any property taxes or liens owed to the City of Garland must be paid in full prior to being accepted by the Planning Department.

It is a misdemeanor to give false information to a City employee or an agent of the City, punishable by a maximum fine of \$1,000.00.

I have read and understand this application and certify that all information and attachments are true and correct. I certify that I am the owner of the property involved in this request or have authorization to act as the owner's agent for the request described

described.	
Signature of Current Property Owner	Date
BEFORE ME, the undersigned authority, on this day personally appeared	
known to me to be the person whose name is subscribed to the foregoing ins	(printed owner name) strumentand
acknowledged to me that they executed the same for the purposes and consexpressed.	(printed notary name) sideration and under the authority therein
GIVEN under my hand and seal of office thisday of	, 20
Signature of Notary: Notary Public for and in the State of Texas	
My commission expires:	
In all circumstances the above section must be signed by the owner as	nd notarized. If a person other than the owner is
In all circumstances the above section must be signed by the owner assubmitting this application, the below section must be signed by that papplicant/agent). Effective January 1, 2017 all Notary Stamps must con	erson and notarized (that person is the
submitting this application, the below section must be signed by that p	erson and notarized (that person is the stain the Notary Identification Number.
submitting this application, the below section must be signed by that p applicant/agent). Effective January 1, 2017 all Notary Stamps must con	erson and notarized (that person is the ntain the Notary Identification Number.
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FINISHED SIZE SHALL BE APPROXIMATELY 7.5" X 12" AND FOLDED SO OUTSIDE PORTION IS THE TITLE BLOCK

