

Application for Project Review
Garden City, Utah

This application must be accompanied with the necessary and appropriate materials, as stated on the project checklist, before it will be accepted for processing. The date upon which the project will appear on an agenda is determined by the notification schedule required by the State of Utah. The project will be scheduled for the next meeting for which a legal notice has not yet been prepared, after an application is accepted as complete by the Town Staff.

Type of Application (check all that apply):

<input type="checkbox"/> Annexation	11A-301
<input type="checkbox"/> Appeal	11B-400
<input type="checkbox"/> Conditional Use Permit	11C-500
<input type="checkbox"/> Condominium/Townhouse	11E-524 or 11E-525
<input type="checkbox"/> Encumbrance	
<input type="checkbox"/> Extension of Time	
<input type="checkbox"/> Lot Split/Lot Line Adjustment	Subdivision 11E-503/PUD or PRUD 11F-107-
<input type="checkbox"/> Plat Amendment (Subdivision)	A-2
<input type="checkbox"/> PUD Development Plan	
<input type="checkbox"/> PUD Phase Approval/Preliminary or Final	11E-506
<input type="checkbox"/> PRUD Conceptual	
<input type="checkbox"/> PRUD Phase Approval/Preliminary or Final	11C-1950, 11E-100, and 11F-100
<input type="checkbox"/> Subdivision	11C-1950, 11E-100, and 11F-100
<input type="checkbox"/> Vacation of Subdivision	11C-1950, 11E-100, and 11F-100
<input type="checkbox"/> Variance	11E-100
<input type="checkbox"/> Water Transfer	11E-523
<input checked="" type="checkbox"/> Zone Change	11B-308
<input type="checkbox"/> AEG Meeting, (Affected Entity Group)	13A-1300
<input type="checkbox"/> Public Infrastructure District	
<input type="checkbox"/> Other Land Use Permit	Garden City PID Policy

Project Name: Pickleville Pkwy Current Zone: Res Proposed Zone: C3

Property Address: not addressed on Pickleville Pkwy

Parcel # 36-04-000-0076

Phone #: 208-847-5263

Contact Person: Teri Eynon
 E-mail address: teribeatlake@gmail.com

Mailing Address: PO Box 87 Garden City, ID 84028

Applicant (if different): Lance & Jennifer Wilson Phone #: 801-702-6455

Mailing Address: _____

Property Owner of Record (if different): same as applicant Phone #: _____

Mailing Address: _____

Project Start date: 4/21/25 Completion date: 4/21/26

Describe the proposed project as it should be presented to the hearing body and in the public notices.

Request to change tax ID 36-04-000-0076 to C3

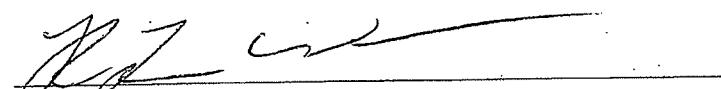
Zoning

✓

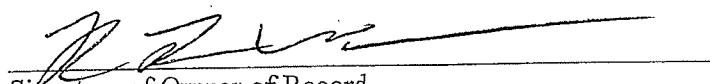
Lot Size in acres or square feet: 2.9 acres Number of dwellings or lots: _____

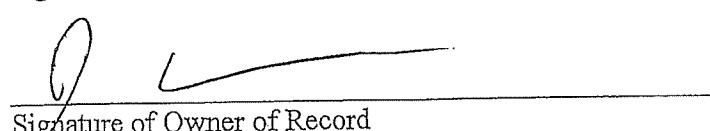
Non-residential building size: _____

I certify that the information contained in this application and supporting materials is correct and accurate. I have read and understand the requirements and deadlines associated with this application.


Signature of Applicant

I certify that I am the Owner of Record of the subject property and that I consent to the submittal of this application. Owner of Record MUST sign the application prior to submitting to Garden City.


Signature of Owner of Record


Signature of Owner of Record


Signature of Owner of Record

Office Use Only

Date Received: _____

Fee: _____

By: _____

