

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Juliana A. Njoku

Special Administrative Permit (SAP)

URBAN GARDEN

Address of Subject Property: _____

Acreage: _____

Applicant Name: _____

Applicant Address: _____

Daytime Telephone No.: _____ E-mail: _____

Permit Duration (24 months): (From) ____/____/____ (To) ____/____/____

Provide a site plan depicting:

- (a) Property lines, street curbs, street names and adjacent sidewalks as applicable.
- (b) Plan layout and dimensions showing plot layout, structures, and compost areas.
- (c) Source of water, including any rain barrel locations.

I, _____ agree to abide by the requirements of Art. 4.2.55 of the code.

Applicant Signature

Date

SECTION BELOW TO BE COMPLETED BY OFFICE

Zoning Classification: _____

Staff Signature

Date



DEPARTMENT OF PLANNING & SUSTAINABILITY

AUTHORIZATION

The property owner should complete this form or a similar signed and notarized form if the individual who will file the application with the County is not the property owner.

Date: _____

TO WHOM IT MAY CONCERN:

(I), (WE), _____
Name of Owner(s)

being (owner) (owners) of the subject property described below or attached hereby delegate authority to

Name of Applicant or Representative

to file an application on (my), (our) behalf.

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| Notary Public | Owner |
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| Notary Public | Owner |
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