

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Cedric Hudson

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

AUTHORIZATION