Chief Executive Officer

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director

Lorraine Cochran-Johnson

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 an	nd adjacent sidewalks as applicable.	
(b) Plan layout and dimensions showing plot la	ayout, structures and compost areas.	
(c) Source of water, including any rain barrel l	ocations.	
ſ ,	agree to abide by the requirements of Art. 4.2.55 of the code.	
Applicant Signature	Date	
SECTION B	ELOW 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 subjec	et property described below or attached hereby delegate authority to
	Name of Applicant or Representative
to file an application on (my), (our) b	pehalf.
Notary Public	Owner