

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

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**SECTION BELOW TO BE COMPLETED BY OFFICE**

Zoning Classification: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## AUTHORIZATION