

Chief Executive Officer	DEPARTMENT OF PLANNING & SUSTAINABILITY	Director
Lorraine Cochran-Johnson		Cedric Hudson
	Special Administrative Permit (SAP)	
	URBAN GARDEN	
Address of Subject Property	y:	
Acreage:		
Applicant Name:		_
Applicant Address:		-
Daytime Telephone No.:	E-mail:	
Permit Duration (24 months	s): (From)/ (To)/	
Provide a site plan depicting	g:	
(a) Property lines, street cur	rbs, street names and adjacent sidewalks as applicable.	
(b) Plan layout and dimensi	ions showing plot layout, structures and compost areas.	
(c) Source of water, including	ng 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.

Notary Public	Owner	
Notary Public	Owner	
Notary Public	Owner	
Notary Public	Owner	