



CITY COMMUNITY GARDEN SITE APPLICATION

This application is for the proposal of a Community Garden on City owned land per the guidelines stated in Council Policy 841-01.

Applicant: The following information shall be provided for City review and approval prior to issuance of a City Community Garden Site User Agreement. This Application must be accompanied by an initial community garden site plan that includes, at a minimum: the layout and size of the plots, location of water sources and drainage, detailed plans for ADA compliance, and indicate any proposed structures or fences.
Please Complete all applicable non-shaded areas.

1. Community Garden Site Organizer (APPLICANT CONTACT INFORMATION)

Applicant Contact Name _____
 Street Address of Applicant _____
 City _____ State _____ Zip Code _____ Phone # _____
 Email _____

2. Community Garden Organization (GROUP DESCRIPTION)

Group Name _____
 Please provide a description of the community group and a description of the community group’s ability to effectively administer and operate a community garden [e.g., your experience in community gardening and financial capability to maintain garden].

3. Community Garden Site (PROPOSED COMMUNITY GARDEN SITE)

Street Address of Site _____ Zip Code _____
 Description of Proposed Location _____
 Plot Size in Acres _____



4. NEIGHBOR AWARENESS SIGNATURES

You must obtain the signatures of adjacent neighbors (owners, not tenants) showing that they have been made aware of the application. Neighbors included should be those immediately to the right and left of the property and three neighbors in front and behind the proposed site. **When obtaining Neighbor Awareness signatures, you should allow them to review this application and associated site plan prior to signature.** The City reserves the right to request additional signatures after initial review.

Street Address:

Owner Name:

Signature _____
Date: ___/___/___

Street Address:

Owner Name:

Signature _____
Date: ___/___/___

Street Address:

Owner Name:

Signature _____
Date: ___/___/___

Street Address:

Owner Name:

Signature _____
Date: ___/___/___



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Owner Name:

Signature _____
Date: ___/___/___

Street Address:

Owner Name:

Signature _____
Date: ___/___/___

Street Address:

Owner Name:

Signature _____
Date: ___/___/___

* Note: Garden approval will be awarded on a first-come, first-served basis.



5. AMERICANS WITH DISABILITIES ACT (“ADA”) COMPLIANCE

You are required to have a designated a point of contact for ADA coordination and compliance.

ADA Contact Name _____

Street Address of Applicant _____

City _____ State _____ Zip Code _____ Phone # _____

Email _____

6. ADDITIONAL INFORMATION

Do you plan on selling the produce you harvest from this garden at/to an off-site location? Y N

(If yes, a business license and other applicable County approvals may be required.)

How many users do you anticipate gardening in the Community Garden? _____

What is the proposed water source? _____

Do you anticipate any small and temporary structures? Describe:

7. AUTHORIZATION

Community Groups and individual gardeners must abide by all federal laws, state laws, and/or City of Chula Vista Charter requirements, ordinances, resolutions, and/or policies. By signing below you are indicating the identified community group would be prepared to enter into a Community Garden Site User Agreement, including a waiver by each participant and meet all requirements of a User Group including those identified in Council Policy 841-01.

Print Applicant Name _____

Applicant Signature _____

Date _____

GARDEN SITE PLAN CHECKLIST

Community Garden Site Plan that includes:

- Plot layout
- Plot size
- Location of water sources
- Drainage
- ADA Compliance & Accessibility
- Vicinity map
- North Arrow
- Proposed (nonpermanent/removable) structures
- Bar Scale
- Proposed fences (i.e., wood, chain-link, or ornamental metal)

GRAY AREAS FOR STAFF USE ONLY