Date Stamp:

CITY OF GREAT FALLS
PLANNING & COMMUNITY DEVELOPMENT DEPT.
P.O. BOX 5021, GREAT FALLS, MT, 59403 5021
406.455.8430 • WWW.GREATFALLSMT.NET

COMMUNITY GARDEN APPLICATION

Name of Garden:

Garden Address:

Garden Coordinator Name:

Mailing Address:

Phone: **Email:**

Property Owner Name:

Phone: **Email:**

A complete Community Garden Application shall include but is not limited to the requirements as indicated by staff listed in the table below. The group proposing to establish the garden must submit the following information to the Planning and Community Development Department.

The Planning and Community Development Department may require additional conditions to be met for the protection of the neighboring properties. The group shall be responsible for providing the Department revised information reflecting any significant or pertinent changes to the operation or management of the garden. The Department shall investigate any citizen complaints and enforce established standards if necessary.

Application Requirements		Req.	Staff	App.
Dimensional Site Plan	A site plan that includes the location and layout of garden plots and the location of any proposed structures or fences	❑	❑	❑
Operating Standards	Operating rules addressing, at a minimum, the tax and governance structure of the community garden, hours of operation, maintenance responsibilities and security measures.	❑	❑	❑
User Agreement	A user agreement signed by the garden coordinator and the property owner.	❑	❑	❑

Property Owner's Signature: **Date:**

Garden Coordinator's Signature: **Date:**