

CITY OF GREAT FALLS
PLANNING & COMMUNITY DEVELOPMENT DEPT.
P.O. BOX 5021, GREAT FALLS, MT, 59403-5021
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COMMUNITY GARDEN APPLICATION

Name of Garden:

Property Owner Name:

Phone:

Email:

Garden Coordinator Name:

Phone:

Email:

LOCATION:

ZONING

Street Address:

District:

Property Owner's Signature:

Date:

Representative's Signature:

Date:

Community Garden Application Checklist

A complete Community Garden Application shall include but is not limited to the requirements listed in Table 1 below. The group proposing to establish the garden must submit the following documentation to, and receive written approval to proceed from, the Planning and Community Development Department. The requirement must be submitted unless waived by a planner. City Staff will place an X in the box for all required submittal items. Applicant will complete the checklist by placing an X in the App. box of each item to indicate that it has been submitted.

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

Table 1: Application Requirements		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	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
User Agreement	A user agreement signed by the garden coordinator and the property owner.	<input type="checkbox"/>	<input type="checkbox"/>