



**City of Albion**  
**112 W. Cass Street**  
**Albion, Michigan 49224**  
**(517) 629-5535**

## **APPLICATION FOR COMMUNITY GARDEN**

*Application #* \_\_\_\_\_

### **Section A.**

**Name of Property Owner('s):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_ **Zoned:** \_\_\_\_\_

**Owner's Address (if different):** \_\_\_\_\_

**Owner's Telephone Number:** \_\_\_\_\_

### **Section B.**

**Responsible Party / Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

### **Section C.**

1. Include a sketch plan showing the property location and size with dimensions.
2. Show location of all existing and proposed structures.
3. Show proposed layout of garden plots, fencing, etc.
4. Identify available parking areas on or near property.
5. Identify source of water that will be used for irrigation.

### **Responsible Party**

I hereby request approval for use of the above identified property for a Community Garden. I agree to comply with all of the requirements of the City of Albion's Community Garden Ordinance.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Property Owner**

I hereby grant approval for the above Responsible Party to use my property for a Community Garden in compliance with all the requirements of the City of Albion's Community Garden Ordinance (*Ordinance #2011-01*). I understand that when the Responsible Party no longer wishes to operate the Community Garden that they are to bring the property back into compliance with the City's noxious weed, grass and brush ordinance. I also understand that if the Responsible Party (after written notification to the Responsible Party and the Property Owner) fails to correct the deficiency then the City Manager shall take action to correct the deficiency and all costs associated with this action shall be charged against the property by the Council as though an ad valorem tax.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

**Application received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Approved     Denied

**Albion Planning Commission:** \_\_\_\_\_

**Meeting Date:** \_\_\_\_\_

Approved     Denied

**Albion City Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_