	City of San Diego Parks and Recreation 202 C Street, MS 35 San Diego, CA 92101 (619)-235-5257			Community GardenFORMPR 1001ApplicationMay 2013				
								he necessary attachments to the odiscuss your application. For
additional information contact	ct City staff at (619)-235-5	257. The City reserves the righ	nt to request ad	ditional informati	on necessary to the	he processing of y	our application.	alseass your application. I of
Project Title			A	pplication			o o muotio m	
Droiget Address	/ Dorl] Site Ider	nufication	□ Site Re	servation	□ Site Approval
Project Address	/ Park							
Applicante Nam	<u>^</u>			Telephone			Fax	
Applicants Name	е							
Address								
Street		City			State	Zip	E-Mail Address	
Applicant Organi	ization			Telephone			Fax	
Address								
Street		City			State	Zip	Email Address	
Organization Typ	o / Affiliation							
		Community Garden vou must b	e a member of	a organization, c	or vour aroup mus	t be affiliated with	an organization t	hat is legally capable of entering
into a agreement with the Ci		operation of the proposed Cor	mmunity Garder	n. Please describ	be type of organiz	ation you represe	nt.	
□ Non-Profit		Recreation Council		Area C	Committee		her (explai	n below)
Project Descripti						1.0 "	0 1 11	
Please provide a full description of the proposed project including the size, location and types of improvements associated with the proposed Community Garden distance to other park amenities, distance to public parking, distance to residents and businesses. Please use the back side of this application if additional space is needed.								
Atta a la manuta								
Attachments	n of the proposed improv	amonte within the Community	Cardon includir	a the location of	f the perimeter fo	nco gato(c) info	mation kieck driv	nking fountain and another other
site amenities. On an aeria	I photograph show the ge	neral location of parking, num	ber of parking s	paces and the p	oath of travel from	parking to the C		n. Provide photo images of the
	× 12	raphs	1	by of the bylaws	, ,		hecklist	
Park Aerial Phe	<u> </u>		Plan		lies		necklist	□ Org Bylaws
Applicant Signat		d that the above information	is correct and t	that I am the au	ithorized agent of	f the organization	listed above	understand that the applicant is
responsible for knowing and	d complying with the gove	erning policies, rules and regul	lations applicab	le to the propos	ed Community G	arden Applicatior	 The City is not 	t liable for any damages or loss
application, including all rela	ited plans and documents	is not a grant of approval to vi	iolate any applic					acted upon. City approval of an City to pursue any remedy which
		ne applicable policies, rules and		-		Γ	-	- •
Signature		Print Name				Date		
Office Use Only / Date Received	Application Provide Received By	Cessing Committee/Cou	incil	Deput	/ Director	District	Manager	Area Manager
				Deputy	Director	DISTINCT	manager	

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Additional Description