



DEPARTMENT OF  
**NEIGHBORHOOD  
SERVICES**

# Community Garden Permit

227 W Pleasant St  
Milwaukee, Wisconsin 53212  
Phone: (414) 763-9947

[info@groundworkmke.org](mailto:info@groundworkmke.org)

<http://www.groundworkmke.org/start-a-community-garden>

LMS#  
(Office use only)

Location Exact street address(s)	Zoning	Tax Key	C.T.

Additional properties submitted on a separate sheet?  Yes  No

Operator (Authorized representative)	Operating Organization Name / Address	Contact information
		Telephone: (    )
		Email
Property Owner (if other than operator)	Address	
		Telephone: (    )
		Email

**Required Information** (Attach separate sheet if additional space is needed)

Indicate the plant types that are expected to be grown on the site. (Check all that apply)

Vegetables  Fruit  Trees  Flower  Other (please list)

**Anticipated daily hours of operation of the community garden.**

Sunrise to sunset  Other (please list)

**Average and maximum numbers of persons expected to be present at the community garden on a given day.**

**Primary means of travel to the site used by the community gardeners.**

Walking  Bicycle  Mass Transit  Motor Vehicles  Combination

**Is adequate parking for motor vehicles provided on, or adjacent to, the site and will gardeners be made aware of any parking restrictions?**

Yes  No

Note: Parking of motor vehicles on unpaved surfaces is prohibited.

**Will any motorized vehicles or farm equipment be brought onto the site?**

Yes  No

If yes, describe means of transporting the vehicles or equipment to and from the site and any provisions for storing the vehicles or equipment on the site.

**Will operation of the community garden involve the application of pesticides or herbicides?**

Yes  No

If yes, describe the types of pesticides or herbicides that will be applied, the name of the individual or business who will be making the application and a description of measures that will be taken to warn persons entering the community garden site of the presence of these chemicals.

**Has a Community Outreach to the surrounding neighborhood been made?**

Yes  No

If yes, describe outreach strategy(s).

I attest that the above information accurately describes the property and the proposed occupancy. I agree to comply with all City of Milwaukee and State of Wisconsin codes applicable to the occupancy above. I understand that any falsification or misinformation may result in penalties prescribed in the Milwaukee Code of Ordinances.

<b>Signature of Applicant</b>	<b>Date</b>
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(Office Use Only)

City owned property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Conditions
If yes, date routed:	
Ald district	
Date routed:	
Noted Objections? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Issue date:	
Approved by:	

