



MISSION CERTIFIED NATIVESCAPES

APPLICATION

PERMIT # _____

City of Mission
1201 E. 8th Street
Mission, Texas 78572
Phone: 956-580-8672

☐ Approved ☐ Denied

Please fill out completely. Incomplete applications will not be considered.

Property Information
Legal Description: Lot# _____ Block# _____
Subdivision Name: _____
Physical Address: _____

Property Owner Information
Name: _____
Mailing Address (if different from the physical address): _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Alt. Phone: _____
Email: (Required) _____
Would you like to register your home address as participating in the Mission Nativescapes program? We will use this information only to keep track of participation
Yes No
The guidelines for native plant designation are on the City of Mission Website.
Signature of Property Owner: _____
Date: _____

Site Visit Availability

Which days and times are you typically available for a site visit?

Monday AM	☐	Monday PM	☐
Tuesday AM	☐	Tuesday PM	☐
Wednesday AM	☐	Wednesday PM	☐
Thursday AM	☐	Thursday PM	☐
Friday AM	☐	Friday PM	☐

Do you have any special notes regarding your availability?

Is there anything we should know regarding property access and visit arrangements?

List the plant/ plant species present in your yard/garden that you know of! (Doesn't need to be comprehensive, we just want to know what you have planted in your yard!)

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Checklist:

- Are at least 50% of the plants native? ☐
- Do you have at least 30% open space? (can include native grasses and other low-growing plants) ☐
- Do you commit going forward to not planting any of the following plants in the prohibited plant list? (link prohibited plant list here) ☐
- Do you commit to following the fire guidelines? ☐ (See guidelines here)
- Are you maintaining edges and pathways? ☐ (See guidelines)
- Are you following the City of Mission's Water Restrictions? ☐

Please include a minimum of five (5) photos of the property.

Office Use Only

This permit expires ____/____/____. Permit holders violating any of the terms and requirements of the adopted guidelines may have their designation revoked by the Native Plants Committee.

Authorized Signature
(Required for Approval)

Date: _____