

ITEM#: 3

Discussion and consideration of adoption of application for Native Plants



NATIVE PLANT CERTIFIED PERMIT # _____

PROPERTY APPLICATION Approved Denied

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

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

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

Garden Information
Estimated date the garden was planted: _____
Where is the garden located? <input type="checkbox"/> Front Yard <input type="checkbox"/> Side Yard <input type="checkbox"/> Back Yard
Is the garden located behind a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the garden visible from the street or alley? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Border/ perimeter of the garden? <input type="checkbox"/> Brick Edging <input type="checkbox"/> Stones <input type="checkbox"/> Metal Edging <input type="checkbox"/> Plastic Edging <input type="checkbox"/> Wood Edging <input type="checkbox"/> Other: _____

Property Owner Information
Name: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____
Alt. Phone: _____
Email: (Required) _____
The guidelines for native plant designation as posted 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? <input type="checkbox"/> Monday AM <input type="checkbox"/> Monday PM <input type="checkbox"/> Tuesday AM <input type="checkbox"/> Tuesday PM <input type="checkbox"/> Wednesday AM <input type="checkbox"/> Wednesday PM <input type="checkbox"/> Thursday AM <input type="checkbox"/> Thursday PM <input type="checkbox"/> Friday AM <input type="checkbox"/> Friday PM
Do you have any special notes regarding your availability? _____ _____

List the Plant/ Plant Specifies Present in your garden

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-
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-
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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: _____

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