NATIVE PLANT CERTIFIED PROPERTY APPLICATION

PERMIT # _____

☐ 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: _____

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: _____

Garden Information

Estimated date the garden was planted: _____

Where is the garden located?

☐ Front Yard ☐ Side Yard ☐ Back Yard

Is the garden located behind a fence?

☐ Yes ☐ No

Is the garden visible from the street or alley?

☐ Yes ☐ No

Type of Border/ perimeter of the garden?

☐ Brick Edging ☐ Stones ☐ Metal Edging

☐ Plastic Edging ☐ Wood Edging

☐ Other:

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? _____

_____

List the Plant/ Plant Species Present in your garden
•
•
•
•
•
•
•
•
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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.