City of **Bayswater**

EDIBLE POCKET GARDEN APPLICATION



LOCATION DETAILS
LOCATION DETAILS
Name:
APLICANT / RESIDENT DETAILS
Name:
Address:
Phone:
Thone.
Email:
MAID MAD where we deleted a great deleted as a second deleted as a
MUD MAP – please provide as much detail as possible
CONSULTATION - please ensure that any community groups, neighbors, user groups etc. who may be
affected by the application have been consulted and their approval is provided below. If required, please
attach additional documentation.
Live the undersigned support/approve/anderse the request for an adible Decket Carden at the above
I/we the undersigned support/approve/endorse the request for an edible Pocket Garden at the above

I/we the undersigned support/approve/endorse the request for an edible Pocket Garden at the above location.

Name /Organisation	Address	Signature	Date

Name /Organisation	Address	Signature	Date
			<u> </u>
CITY OF BAYSWATER OFFIC	ER		
Site Inspection Date: (If required)			
Install Date:			
Annual Inspection Date:			
Approved: Yes □	No □		
Notes:			
Officer Signature:	Date:		