LOCATION DETAILS
Name:
APLICANT / RESIDENT DETAILS
Name:
Address:
Phone:
Email:
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.
I/we the undersigned support/approve/endorse the request for an edible Pocket Garden at the

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

Name /Organisation	Address	Signature	Date

CITY OF BAYSWATER OFFICER		
Site Inspection Date: (If required)		
Install Date:		
Annual Inspection Date:		
Approved: Yes □	No □	
Notes:		
Officer Signature:	Date:	