

	CS – Community Garden City-Owned Land	Community Services
ST. JOHN'S	Application to Establish a Community Garden On City-Owned Land	

Contact Information	SECTION 1
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Before submitting this application, please read [Growing Community Gardens in the City of St. John's](#) and connect with healthycommunities@stjohns.ca

Name of Garden Group/Committee _____

Main Contact Person on the Committee _____

Email and Phone _____

Location of Proposed Garden (civic address/street address) _____

Estimated cost of developing the garden \$ _____

Please provide the name and contact details of the committee members

Name	Email	Phone	Address

I hereby make the application for approval of a Community Garden on City-Owned Land with the full knowledge and authorization of the Garden Committee as identified on this form.

Signature _____ Date

Project Description

Briefly outline the reasons why you would like to establish a community garden, as well as how the garden will operate (i.e. will it be an allotment or communal garden, or a combination of both?). Please refer to the [Growing Community Gardens in the City of St. John's](#) for further information.

Community Garden Location

Briefly describe why you have chosen this site for the community garden. Please indicate on the aerial photo provided by Healthy Communities the proposed location of the community garden. Please also specify the total size of the garden (in square footage).

Structures for the Community Garden

Please provide a description of all the structures that you plan to build and/or place on the Community Garden site i.e. number and dimension of the raised beds (including type of timber used), rain barrels, signature, composters. Please include a site plan that highlights where all the structures will be located in the garden. Please check out the [FoodFirst NL Community Garden Best Practice Toolkit](#) or a sample site plan. Please also refer to the Accessibility Guidelines in the [Growing Community Gardens in the City of St. John's](#) guide for advice on how to make all structures as accessible as possible.

Water Source

Clearly outline the proposed water source for the community garden. If using rain barrels, please detail how you plan to fill these and ensure safety for those using them. Please note that provision of water for the garden is the sole responsibility of the garden committee. The [Growing Community Gardens in the City of St. John's](#) provides further information on what to consider for your community garden.

Compost, Waste Management and Pest Control

Provide a description of plans for composting and waste management at the garden. If the committee plans to compost on site, all members must provide proof that they have completed the MUN Botanical Gardens “[Composting Made Easy](#)” course before beginning gardening operations. The [Growing Community Gardens in the City of St. John's](#) provides further information on composting and waste management for your community garden, while the “[Composting Made Easy!](#)” fact sheet provides a quick overview of how to best manage your compost in the garden.

Accessibility and Inclusion

Please describe how you will make the community garden as accessible and inclusive as possible. Please refer to the Accessibility Guidelines in the [Growing Community Gardens in the City of St. John's](#) guide for advice on how to make your garden as accessible and inclusive as possible.

Safety

Please describe how the committee plans to promote safety and minimize any risk to those using and visiting the garden (i.e. protective covers on rain barrels).

Community Engagement

Please describe how you have informed neighbourhood residents directly adjacent to your proposed garden site of your plans, and if there has been support or opposition. Any flyers or social media posts must include the following: “Concerns regarding this proposed community garden can be directed to healthycommunities@stjohns.ca”. Please include copies of communications such as emails, flyers, posters.

Funding the Garden

Please specify how you will raise funds to support the development and on-going maintenance of the garden (i.e. yearly fees, grants, in-kind donations). If applying for grants, please provide details of the grant(s) that you are applying for. Please refer to the [Growing Community Gardens in the City of St. John's](#) for advice on ways you may fund the building and ongoing operation of your garden.

Checklist

Please check the following boxes to acknowledge completion of all the required steps

Have read the “[Growing Community Gardens in the City of St. John's: A guide for Community Gardens on City-Owned Land](#)”, including in the Accessibility guidelines provided in Appendix 2.

Have read the Food First NL “[Community Garden Best Practices Toolkit](#)”

Have included a site plan and an aerial photo indicating the location of the proposed garden.

All committee members have completed the MUN Botanical Gardens “[Composting Made Easy!](#)” course.

By signing below, the committee agrees to register the garden on an annual basis with the Healthy Communities Fieldworker on or before April 30 of each year.

Applicant Signature _____ Date _____

Signatures continued

SECTION 3

I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all City Regulations & By-Laws, agree to develop in accordance with the plans approved by the City of St. John's and not to commence development without express written approval from the City. I acknowledge that I have reviewed this application and agree to provide any additional information requested.

Applicant Signature _____ Date _____

City of St. John's Review (Internal Use Only)

SECTION 4

Community Garden Location Coordinates _____

Reviewed by Healthy Community Fieldworker Staff Name _____

Signature _____ Date _____

Notes

Reviewed by Legal Staff Name _____

Signature _____ Date _____

Notes

Reviewed by Public Works

Staff Name _____

Signature _____ Date _____

Notes

Reviewed by Parks & Open Spaces

Staff Name _____

Signature _____ Date _____

Notes

Reviewed by Inspection Services

Staff Name _____

Signature _____ Date _____

Notes

Final Approval by Planning & Development Staff Name _____

Signature _____ Date _____

Notes

Application Number _____

Date Received _____ Staff Signature _____

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to Randy Carew, Manager, Regulatory Services Division, by emailing building@stjohns.ca or by phone 709-576-8020.

Please send completed form to:	Dept. of Community Service Recreation Division P.O. Box 908 St. John's, NL A1C 5M2	For further information: Phone: 709-576-8020 Email: healthycommunities@stjohns.ca
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