

**CITY OF DETROIT
PLANNING AND DEVELOPMENT DEPARTMENT**

**GARDEN PERMIT/ADOPT-A-LOT PERMIT
CONTACT AND LOT USE INFORMATION**

LEADER* CONTACT INFORMATION:

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Group Name (if any): _____

*This is the primary contact or leader for the Garden Permit/Adopt-a-Lot Permit. This person is responsible for completing the application, signing documents, and is the main liaison between the group gardeners and City of Detroit Planning and Development Department.

LOT INFORMATION:

Preferred Lot General Location or Address: _____ _____
What will be done with the Lot? <input type="checkbox"/> Gardening <input type="checkbox"/> Landscape Beautification and Maintenance
What will be planted on the Lot? (be as specific as possible) _____ _____ _____ _____ _____ _____

Please complete both sides of this form and return to:

**Planning & Development Department
Real Estate Development Division, Property Management Unit
65 Cadillac Square, Suite 2000, Detroit, MI 48226-2857**

GROUP CONTACT INFORMATION:

Please provide names and information for the any other individuals committed to this Garden Permit/Adopt-a-Lot Permit.

Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____	Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____
Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____	Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____
Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____	Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____
Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____	Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Email: _____