



Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

CITY OF FARGO

FARGO CASS PUBLIC HEALTH

BOULEVARD GARDEN PERMIT APPLICATION

APPLICANT NAME	PHONE	EMAIL ADDRESS		
ADDRESS		CITY	STATE	ZIP CODE
ND CALL ONE TICKET NUMBER		CONSTRUCTION START	CONSTRUCTION END	

LIST OF PROPOSED PLANTINGS:

BOULEVARD PLANTINGS LOCATION (Describe specific area):

DESCRIPTION OF WORK (Attach detailed drawing of plans):

ACKNOWLEDGEMENT

By signing this application, I (the applicant) agree to adhere to all provisions, codes and statues of the City of Fargo, in addition to the terms and conditions which are attached to this document.

Printed Name of Applicant

Signature

Date

APPROVED BY _____ DATE _____
(Fargo Cass Public Health Representative)

SEND APPLICATION TO:
Fargo Cass Public Health
1240 25th Street South
Fargo ND 58103-2367
Or email to: KLipetzky@FargoND.gov

For more information, please call 701.241.8195

Revised 05/12/20

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