



City of Fargo

Fargo Cass Public Health

Raised Planting Bed Permit Application

Fargo Cass



Public Health
Prevent. Promote. Protect.

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

1) DESCRIPTION OF WORK

Include raised bed height, size, location on the boulevard, building material. Attach detailed drawing of plan.

2) ATTACH PROOF OF INSURANCE

Property owner must maintain general liability insurance. Attach proof of insurance with a Certificate of Liability Insurance describing the limits of coverage and naming the City of Fargo as an additional insured party.

3) ACKNOWLEDGEMENT

By signing this application, I (the applicant) agree to adhere to all provisions, codes and statues of the City of Fargo, including stipulations in the Boulevard Garden ordinance.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

MAIL APPLICATION:
Fargo Cass Public Health
ATTN: Cheryl Stetz
1240 25th Street South
Fargo, ND 58103-2367

OR

EMAIL:
CStetz@FargoND.gov

For more information, please call 701.241.1367

FOR OFFICE USE ONLY:

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