## Form: Community Garden Expression of Interest





Applicant	Details							
Name					Date			
Address								
Phone								
Email								
Communi	ty garden d	letails						
Communit	y garden gro	oup name						
No. of current members								
Please note garden groups with an estimated maximum membership of 10 or more will be								
required to register as an incorporated association with Fair Trading NSW and obtain public								
liability insurance up to \$20,000,000.								
Communi Garden ad	ty garden s	ite details						
Cardon da	id 1000							
Please atta	ach an A3 c	oncept plan c	of your comn	nunity garden incl	uding	all features.		
What type	of garden a	re you planni	ng? Please	circle.				
Small verg	e garden	Combination	n of single	A completely sha	ared	Single plots only		
		and shared	•	garden				
		lo you plan to	grow?					
	s and herbs			Fruit trees				
Natives				Flowers				
Other								
Please note all edible plants in community gardens in the Bayside local government area are required to be grown in raised garden beds.								
Do you have plans for any of the following on your site? Tick all that apply.								
Seating				Compost				
Educational signage				Nursery				
Storage shed				BBQ				
Shelter				Rainwater tank				
Fencing				Potting bench				
Pond			Other					

## Form: Community Garden Expression of Interest



**Document Number: 17/53012** 

Have you considered the following? Please add comments where needed.								
What are your main motivations for starting a community garden?								
Outline the types of activities proposed for the community garden								
Cutime the types of activities proposed for the confinitionity garden								
How will the community garden be funded? Please note approved community gardens will be								
required to pay a permit fee of \$108 per year.								
What skills and experience are available in the group to coordinate, build and	manage	the the						
garden?								
Is the garden location accessible to a range of users?	Yes	No						
is the gallacit tesation accessions to a range of accie.	1 . 00	110						
	1							
Is the site close public transport?	Yes	No						

## Form: Community Garden Expression of Interest



**Document Number: 17/53012** 

Is there adequate parking? If not how will you address this issue?	Yes	No
Does the site receive adequate sunlight, 4 – 6 hours a day for growing	Yes	No
vegetables?	103	140
vegetables:		
	<del>                                     </del>	
Is the site safe? Is there good visibility from the street, passing traffic etc.	Yes	No
Are there neighbours surrounding the garden? Have you considered how	Yes	No
you will address impacts from the garden, or engage with neighbours?		
Any other comments?		
Any other comments?		

Privacy Statement; The personal information provided on this form (including your name and other details) will be handled in accordance with the *Privacy and Personal Information Protection Act 1998* and may be available to the public under various legislation. Refer also to the Privacy Statement on Council's website.

Rockdale Customer Service Centre 444-446 Princes Highway Rockdale NSW 2216, Australia ABN 80 690 785 443 Eastgardens Customer Service Centre Westfield Eastgardens 152 Bunnerong Road Eastgardens NSW 2036, Australia ABN 80 690 785 443

T 1300 581 299 | 02 9562 1666 E council@bayside.nsw.gov.au W www.bayside.nsw.gov.au Postal address: PO Box 21, Rockdale NSW 2216

