



URBAN AGRICULTURE INCENTIVE ZONE APPLICATION

Contact Information

Applicant Type, check all that apply:

- Property Owner Agricultural Tenant * Community Organization *

Applicant/Primary Contact Name: _____

Mailing Address: _____ Zip Code _____

Email Address: _____

Telephone Number: _____ Office / Mobile number: _____

Property Information

Property Owner Name as it appears on Deed/Title Documents: _____

Property Address: _____ Zip Code _____

Cross Streets: _____

APN: _____ Zoning: _____

Lot Dimensions (FT): _____ Lot Area (SQFT): _____

Council District: _____ Community Planning Area: _____

Preliminary Requirements

Please check all items that apply to subject parcel.

- Meets Municipal Code requirements for urban agricultural use (i.e. community garden)
 On-site metered water service
 Existing non-agriculture structures

Please describe plans for removal: _____

- Requires discretionary permits

Urban Agriculture Plan

Proposed urban agriculture uses: _____

Please check all items that apply to the proposed project.

- Cultivation and tillage of soil
- Production, cultivation, growing and harvesting of any agricultural or horticultural products
- Agricultural education
- Sale of produce on-site or off-site (see Municipal Code Section 141.0203)

Additional operational details: _____

Describe measures that will be taken to conserve water: _____

Before Submitting this Application

- Make at least one copy of this application for your records
- Read a sample Urban Agriculture Contract and understand what will be required for the **5-year tax incentive**, including penalties for failing to meet contract obligations
- Decide that you are prepared to begin urban agriculture operations within 60 days of contract filing

Application Attachments

- Photos of the site, a minimum of one from each corner and images of all structures
- Copy of the Grant Deed
- Legal description of the property
- Proof of existing water service
- *Letter of Authorization from property owner, if applicant is not the property owner

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THE PROJECT I AM APPLYING FOR MEETS THE ELIGIBILITY REQUIREMENTS LISTED IN THE PROGRAM GUIDELINES. I UNDERSTAND THAT THE CITY'S ACCEPTANCE OF THIS APPLICATION DOES NOT CONSTITUTE ANY OBLIGATION TO ANY APPLICANT AND DOES NOT GUARANTEE APPROVAL.

X _____ Print Name: _____ Date: _____

Email this application and all required attachments to sdbusiness@san Diego.gov.

OR

Mail your UAIZP application package to:

City of San Diego, Economic Development Department
Urban Agriculture Incentive Zone Program Intake
1200 Third Avenue, 14th Floor
San Diego, CA 92101

The City of San Diego is not responsible for items lost or destroyed in the mail/transit.