



LF	
Date	
Permit	Number

APPLICATION FOR MANAGED NATURAL LANDSCAPE/GREEN INFRASTRUCTURE

TYPE OF GREEN INFR	ASTRUCTURE	
Open Space/Lawn	Stormwater Facility	Drainage Way
APPLICANT INFORMAT	TION	
Applicant Name and Address:		
City:	State:	Zip:
Phone:	Email:	
Tax Parcel Number		
Are you the owner of the proper	rty? □ Yes □ No	
If NO, Property Owner Name ar	nd Address:	
City:	State:	Zip:
Briefly describe the Landscape	Plan and the Maintenance Plar	n: (attach necessary plans*)
*Eradication and control of noxious we required component.		ordance with PA Act 46 of 2017 and local ordinances, is a
The list of Pennsylvania Noxious Weed https://www.agriculture.pa.gov/Plants		e here: es/Controlled-Plant-Noxious-Weed.aspx
A list of Invasive Species can be found https://elibrary.dcnr.pa.gov/GetDocum		20033786.pdf
I certify that the above information is tr applicable Ferguson Township Ordinal		edge. By signing this application, I am acknowledging nts.
Signature		Date