

City of Safety Harbor Application for Adopt a Flowering Basket Program

1. PROPERTY OWNER:

Name:	
Company:	
Address:	
Telephone:	E-Mail:

2. BUSINESS OWNER (IF SAME AS PROPERTY OWNER, WRITE "SAME"):

Name:		
Business Name:		
Address:		
Telephone:	Fax:	E-Mail:

3. REQUIRED INFORMATION:

Sketch Plan showing the location of the proposed flowering basket and vertical clearance (minimum of 8'). The basket must be on building frontage facing a public street.

4. PROGRAM SUMMARY

On behalf of the City of Safety Harbor and Safety Harbor Chamber of Commerce, thank you for participating in the new downtown adopt a flower basket program. Once your application is finalized, staff will contact you to schedule delivery of a city funded "flower basket starter set" that includes:

- A flower basket
- A bracket
- Soil
- A flowering plant

While we cannot guarantee the success of your planting, as a participant in the program, you will be required to complete the following steps:

Installation:

1. Place a few inches of soil in the flower basket
2. Place the flowering plant in the basket.
3. Add soil as needed around the plant and compact.
4. Consider the sun levels for the flowering plant types you want to maintain over time to determine the location on your building that will work best. Below is a list of flowering plant species and their sun tolerance.
5. Securely and properly attach the bracket on your building frontage facing a public street, ensuring that a minimum of 8' is left between the bottom of the flower basket and the ground.
6. Attach the basket to the bracket.

Maintenance:

1. Water the plant three times a week.
2. Add fertilization monthly and prune dead branches as needed.
3. Future plant and soil purchases will be the responsibility of the business owner. The plants will need to be replaced every six to twelve months, depending upon the type of plant.

Program Completion:

1. The minimum participation time frame is one year.
2. When you are done participating (once you stop replacing the flowering plants), the hardware and basket are to be removed from the building by the applicant. They do not need to be returned.

Acknowledgement and Agreement:

The undersigned certifies, acknowledges, and agrees that he/she has read the program summary and will comply with all installation, maintenance, and program completion requirements. The undersigned further acknowledges and agrees that the Applicant/Owner are solely responsible for installation and maintenance of the flowering basket at their sole cost and expense. Finally, Applicant/Owner agrees to indemnify, hold harmless and defend the City of, from, and against, all liability and expense, including reasonable attorneys' fees, in conjunction with any and all claims whatsoever for personal injuries property damage or for equitable relief, including loss of use caused by the negligent or deliberate acts or omissions of Applicant/Owner, its agents, officers, members, contractors, or employees in any way connected to the flowering baskets or installation and maintenance thereof under this Agreement. Nothing contained herein shall be construed as a waiver of any immunity from, or limitation of, liability the City may have under the doctrine of sovereign immunity or Section 768.28, Florida Statutes.

Name of Applicant _____

Signature of Applicant _____

Date _____

4. PROPERTY OWNER AFFIDAVIT & AGREEMENT

I (we), the undersigned attest to my (our) ownership of the property located at _____ and hereby authorize _____ to act as my (our) agent(s) for the limited and expressed purpose of participating in the Safety Harbor Adopt a Flowering Basket program. I (we) understand that by participating in this program, installations may be made on my property and I (we) have reviewed and approve of the alterations to be made on the property as proposed in the grant application. I (we) further agree to be bound by all program completion requirements and agreements, including all matters stated in the program application. I (we) represent and warrant that I am authorized to grant the authority stated herein without the consent or joinder of any other person or entity.

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ who is personally known to me or has produced _____ as identification and who did/did not take an oath.

Title Holder Name _____

Title Holder Signature _____

Notary Name _____

Notary Signature _____

N O T A R Y
S T A M P

Please submit the completed application to:

City of Safety Harbor Planning Division
750 Main Street
Safety Harbor, FL 34695

Or e-mail mstenmark@cityofsafetyharbor.com

For more information, call (727)724-1555 x 1702