

CERTIFICATE OF COMPLETION & INSTALLATION

SUBMIT UPON COMPLETION OF THE LANDSCAPE PROJECT

Project Information

Date	Telephone	
Project Site Address	Email	
Applicant Name (print)	Street Address	
Title	City	
Company	State	Zip

Project Owner - Declaration of Completion

Project Owner Name or Designee
Title
Company

I certify that I have received copies of all the documents associated with the landscape project and that it is our responsibility to see that the project is maintained in accordance with the Landscape and Irrigation Maintenance Schedule.

Property Owner Signature	Date
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Licensed Professional - Declaration of Installation

I certify that based upon periodic site observations, the work has been substantially completed in accordance with the ordinance and that the landscape planting and irrigation installation conform with the criteria and specifications of the approved Landscape Documentation Package.

Print Name and Company of Landscape Architect or Irrigation Designer	Signature*	License Number
Email Address	Phone Number	

*Signer of the landscape design plan, signer of the irrigation plan, or a licensed landscape contractor.

Required Attachments

IRRIGATION SCHEDULING

Attach parameters for setting the irrigation schedule on controller as required by ordinance Section 492.10.

SCHEDULE OF LANDSCAPE AND IRRIGATION MAINTENANCE

Attach schedule of Landscape and Irrigation Maintenance as required by ordinance Section 492.11.

LANDSCAPE IRRIGATION AUDIT REPORT

Attach Landscape Irrigation Audit Report as required by ordinance Section 492.12.

Optional if project is < 2,500 square feet of landscape area.

SOIL MANAGEMENT REPORT

Attach soil analysis report, if not previously submitted with the Landscape Documentation Package, as required by ordinance Section 492.5. Attach documentation verifying implementation of recommendations from soil analysis report as required by ordinance Section 492.5.

Optional if project is < 2,500 square feet of landscape area.

City Approval

Approved ☐ Denied ☐

Explanation:

Staff Name:

Title:

Signature:

Date:

