

PROPERTY OWNER SIGNATURE

LANSDCAPING CERTIFICATE OF COMPLETION

This form must be filled out upon completion of a landscaping project. Submit the Certificate of Completion along with the items listed below to the Project Planner or the Building Inspector prior to final inspection.

PROJECT INFORMATION				
Site Address:		APN:		Zoning:
Planning Project #:	Planning Project Approv	ect Approval Date: Buildi		ermit #:
PROPERTY OWNER(S)				
Name:				
Address:			City, State, Zip:	
Email:			Phone: ()
 ITEMS REQUIRED PRIOR TO FINAL INSPECTION Submit the following items with this form: Irrigation Audit Report and Irrigation Schedule (Must be prepared by certified professional if project landscaped area is ≥ 2,500 sq. ft.) Landscaping Maintenance Schedule 				
 The automatic irrigation The irrigation system has I/we have received copie Project described above; It is my/our responsibility 	dentified above has been a plans and specifications; controller has been set ac been adjusted to maximits of the approved plans/c and y to see that the landscapunce with the approved La	ccording to the ze irrigation and irawings and ing is mainta	ne approved i and minimize all other rela ined in a nea	rrigation schedule; e overspray and runoff; ated documents for the t, clean and healthful

DATE