LANDSCAPE CERTIFICATE OF COMPLIANCE

(For use by Contractor and/or Landscape Architect <u>and</u> the Owner)

Name of Project (name submitted on approved site pla	ın):		
Project Address:			
Applicant's name:			
Applicant's address:		State:	Zip:
Applicant's phone number:	Email address:		
(Check whichever box is applicable)			
The site is complete and ready for final landscape inspection, approval, and issuance of a Certificate of Occupancy . (Verification of the final cost of landscaping must be submitted with this certificate. e.g. invoice from landscaping firm, copy of contract, bill of sale from where plant materials were purchased). See bottom of page if landscape is incomplete.			
GENERAL CONTRACTOR OF LANDSCAPE ARCHI	<u>rect</u>		
As the contractor for said development, or as the represent that the landscaping has been installed Plan and with the landscaping requirements of the project location and verify that the plantings are comproved and required planting yards, parking low irrigation systems are in full compliance and do recode requirements.	in substantial complianc e Zoning Ordinance. I pe orrect as to their location plantings, buffer zones,	e with the appressionally inspension, size, number mitigation req	proved Landscape ected the said or and species. All puirements, and
Signature of General Contractor or	Project Name		
Landscape Architecture			
Printed Name	Relation to Develo	pment (Contrac	ctor or RLA)
OWNER As the owner of said development, I represent that I or property as of and have reviewed this Certificate after all its representation.			
Signature of Owner	Printed Name and	Date	
☐ The site is not complete. The approved installed. I am requesting the issuance landscape plan is incomplete as follow	of a Temporary Certificat		
I estimate the cost of the landscaping still to be compe and the completion date of the project to be	ted, including labor costs, to	be \$	