



**LANDSCAPE CERTIFICATE OF COMPLETION**

**Department of Community Development  
Planning Division**

(626) 932-5565  
FAX (626) 932-5569

**Project Address** \_\_\_\_\_

**Project Number** \_\_\_\_\_

**Project Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Certification of Installation According to the Landscape Documentation Package**

"I/we certify that based upon periodic site observations: (1) The work has been substantially completed in accordance with the ordinance; and, (2) The landscape planting and irrigation installation conform with the criteria and specifications of the approved Landscape Documentation Package."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART 3. IRRIGATION SCHEDULING**

Attach parameter for setting the irrigation schedule on controller per ordinance §492.10.

**PART 4. SCHEDULE OF LANDSCAPE AND IRRIGATION MAINTENANCE**

Attach a schedule of Landscape and Irrigation Maintenance per ordinance §492.11.

**PART 5. LANDSCAPE IRRIGATION AUDIT REPORT**

Attach Landscape Irrigation Audit Report per ordinance §492.12.

**PART 6. SOIL MANAGEMENT REPORT**

Attach soil analysis report, if not previously submitted with the Landscape Documentation Package per ordinance §492.5. Attach documentation verifying implementation of recommendations from soil analysis report per ordinance §492.5.