

LDRP Form B, Part 1: Certificate of Completion

This certificate is equivalent to the MWELO Appendix C (Part 1) certificate and is to be filled out by the project applicant upon completion of the landscape project.

Project Name: _____ PLN #: _____

PART 1. PROJECT INFORMATION SHEET

Date		
Project Name		
Name of Project Applicant	Telephone No.	
	Fax No.	
Title	Email Address	
Company	Street Address	
City	State	Zip Code

Project Address and Location:

Street Address	Parcel, tract or lot number, if available.	
City	Latitude/Longitude (optional)	
State	Zip Code	

Property Owner or his/her designee:

Name	Telephone No.	
	Fax No.	
Title	Email Address	
Company	Street Address	
City	State	Zip Code

Property Owner

"I/we certify that I/we have received copies of all the documents within the Landscape Documentation Package and the Certificate of Completion 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

Please answer the questions below:

1. Date the Landscape Documentation Package was submitted to the local agency _____
2. Date the Landscape Documentation Package was approved by the local agency _____
3. Date that a copy of the Water Efficient Landscape Worksheet (including the Water Budget Calculation) was submitted to the local water purveyor _____

LDRP Form B, Part 2: Certificate of Installation According to the Landscape Documentation Package

This certificate is equivalent to the second page of the MWEL0 Appendix C (Part 2) certificate and is to be filled out by the project applicant upon completion of the landscape project.

PART 2. CERTIFICATION OF INSTALLATION ACCORDING TO THE LANDSCAPE DOCUMENTATION PACKAGE

“I/we 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.”

Signature of Landscape Contractor :	Date	
Name (print)	Telephone No.	
Title	Email Address	
License No. or Certification No.		
Company	Street Address	
City	State	Zip Code

Signature of Landscape Architect :	Date	
Name (print)	Telephone No.	
Title	Email Address	
License No.		
Company	Street Address	
City	State	Zip Code

PART 3. IRRIGATION SCHEDULING

Attach parameters for setting the irrigation schedule on controller per ordinance Section 492.10.

PART 4. SCHEDULE OF LANDSCAPE AND IRRIGATION MAINTENANCE

Attach schedule of Landscape and Irrigation Maintenance per ordinance Section 492.11.

PART 5. LANDSCAPE IRRIGATION AUDIT REPORT

Attach Landscape Irrigation Audit Report per ordinance Section 492.12.

PART 6. SOIL MANAGEMENT REPORT

Attach soil analysis report, if not previously submitted with the Landscape Documentation Package per ordinance Section 492.6.

Attach documentation verifying implementation of recommendations from soil analysis report per ordinance Section 492.6.