

## LANCASTER CERTIFICATE OF COMPLETION

This certificate is filled out by the project applicant upon completion of the landscape project.

### 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.”

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Property Owner Signature

Date

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

"I/we certify that based upon periodic site observations, the work has been 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*                       | Date           |          |
| Name (print)                     | Telephone No.  |          |
|                                  | Fax No.        |          |
| Title                            | Email Address  |          |
| License No. or Certification No. |                |          |
| Company                          | Street Address |          |
| City                             | State          | Zip Code |

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

**PART 3. IRRIGATION SCHEDULING**

Attach parameters for setting the irrigation schedule on controller per ordinance Section 8.50.060.

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

Attach schedule of Landscape and Irrigation Maintenance per ordinance Section 8.50.061.

**PART 5. LANDSCAPE IRRIGATION AUDIT REPORT**

Attach Landscape Irrigation Audit Report per ordinance Section 8.50.062.

**PART 6. SOIL MANAGEMENT REPORT**

Attach soil analysis report, if not previously submitted with the Landscape Documentation Package per ordinance Section 8.50.056.

Attach documentation verifying implementation of recommendations from soil analysis report per ordinance Section 8.50.056.