



# LANDSCAPE CERTIFICATE OF COMPLETION USING PRESCRIPTIVE COMPLIANCE OPTION

COUNTY LANDSCAPE ARCHITECT

Project Applicant must submit this Certificate of Completion upon completion of the landscape project.

## SECTION A.1 INFORMATION

### Project Applicant:

|   |           |
|---|-----------|
| Name of Project Applicant                       | Phone No. |
| Title   | Email     |
| Company   | Fax No.   |
| Address (must include City, State and Zip Code) |           |

### Project:

|   |                           |
|---|---------------------------|
| Project's Name                                  |                           |
| Assessor's Parcel No.                           | County Landscape Plan No. |
| Address (must include City, State and Zip Code) |                           |

### Property Owner or their Designee:

|   |           |
|---|-----------|
| Name of Property Owner  | Phone No. |
| Title   | Email     |
| Company   | Fax No.   |
| Address (must include City, State and Zip Code)   |           |
| "I/we certify that I/we have received, at the time of final inspection, a Certificate of Completion, Certificate of Installation, Irrigation Schedule and a Schedule of Landscape and Irrigation Maintenance, as described in the Water Conservation in Landscaping Ordinance, and that it is our responsibility to see that the project is maintained in accordance with the aforementioned Schedule of Landscape and Irrigation Maintenance." |           |
| Property Owner's Signature  | Date      |



# LANDSCAPE CERTIFICATE OF INSTALLATION USING PRESCRIPTIVE COMPLIANCE OPTION

COUNTY LANDSCAPE ARCHITECT

## Please provide the following information:

Date when the Landscape Documentation Package was approved by the County? \_\_\_\_\_

Date when the landscape and irrigation commenced? \_\_\_\_\_

Date when the landscape and irrigation was completed? \_\_\_\_\_

Maximum Applied Water Allowance (MAWA) from approved Landscape Documentation Package? \_\_\_\_\_

## SECTION B.1 CERTIFICATION OF INSTALLATION ACCORDING TO THE APPROVED WATER USE APPLICATION USING PRESCRIPTIVE COMPLIANCE OPTION

### Property Owner, or a California Licensed Landscape Contractor:

|   |           |
|---|-----------|
| Name of Owner, or CA Licensed Landscape Contractor:   | Phone No. |
| Title   | Email     |
| License No. or Certification No.  | Fax No.   |
| Company   |           |
| Address (must include City, State and Zip Code)   |           |
| "I/we certify, by signing below, that based upon periodic site observations, the work has been completed in accordance with the Water Conservation in Landscaping Ordinance and that the landscape planting and irrigation installation conform with the criteria and specifications of the approved Water Use Application Using Prescriptive Compliance Option." |           |
| Signature of Owner, or CA Licensed Landscape Contractor   | Date      |

## SECTION C.1 IRRIGATION SCHEDULING

Attach parameters for setting the irrigation schedule on controller per ordinance Section 86.726. Irrigation scheduling shall demonstrate that the system does not exceed the Maximum Applied Water Allowance circled on the approved Water Use Application Using Prescriptive Compliance Option.

## SECTION D.1 SCHEDULE OF LANDSCAPE AND IRRIGATION MAINTENANCE

Attach schedule of Landscape and Irrigation Maintenance per ordinance Section 86.727. Verification that the irrigation system, as installed, meets or exceeds the average irrigation efficiency of 0.75 and will be maintained as such shall also be provided.

## PHOTO DOCUMENTATION

All applicable photos, per the Landscape Certificate of Completion Checklist (PDS-Form 406) shall be provided with all Landscape Certificates of Installation Using Prescriptive Compliance Option.