



# Landscape Completion Certification

Rev.20220802

Upon completion of landscaping/irrigation installation, the project Landscape Architect is required, per Spokane Municipal Code Section 17C.200.090, to conduct a site visit to verify that installation has been constructed in substantial conformance with the approved plans. All required trees must be planted in accordance to City Planting Detail V-101 with root flares visible. Root flares are typically 4-6" below the graft union. Any tree species substitutions must be requested and approved in writing.

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Site Location/Street Address: \_\_\_\_\_

Project Name (if Applicable): \_\_\_\_\_

Based on conditions visible at the time of the site inspection, I hereby attest that the landscaping and irrigation improvements appear to have been installed in substantial conformance with the approved plans or as modified in accordance with the procedures found within Spokane Municipal Code Section 17C.200.

### LANDSCAPE CONTRACTOR

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### LANDSCAPE ARCHITECT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The following exceptions are noted or attached with a revised approved plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### ADMINISTRATOR APPROVAL

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_