



# Landscape Completion Certification

Rev.20150216

Upon completion of landscaping/irrigation installation, the project Landscape Architect is requested to conduct a site visit and provide certification that installation has been in compliance with the approved plans.

Today's date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Job Address: \_\_\_\_\_

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

### LANDSCAPE CONTRACTOR

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

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

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

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

### LANDSCAPE ARCHITECT

I hereby certify that the landscaping and irrigation improvements have been installed in accordance with the approved plans or as modified in accordance with the procedures found within the Spokane Zoning Ordinance.

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

### ADMINISTRATOR APPROVAL

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

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

**LA Stamp**

