



Landscape Completion Certification

Rev.20150515

Upon completion of landscaping/irrigation installation, the project Landscape Architect is requested to conduct a site visit to verify that installation has been constructed in substantial conformance with the approved plans.

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 the Spokane Municipal Code.

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: _____
