

CERTIFICATE OF COMPLETION
CITY OF EL CAJON
DEPARTMENT OF COMMUNITY DEVELOPMENT
200 Civic Center Way, El Cajon, CA 92020, 619.441.1741

This certificate is to be completed by the landscape professional of record and property owner upon completion of the landscape project.

Project Information

LDP Number: _____ Assessor's Parcel Number _____
Project Address: _____

Landscape Professional of Record (applicant)

Name: _____
License or certification type and number: _____
Company Name: _____
Phone: _____ Fax: _____
Address: _____ Email: _____

Property Owner or Designated Property Manager

Name: _____ Phone: _____
Title: _____ Fax: _____
Company: _____ Email: _____
Address: _____

Property Owner's Certification

"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 approved Maximum Applied Water Allowance and the Landscape and Irrigation Maintenance Schedule."

Property Owner's Signature _____ Date: _____

Please answer the following questions:

1. Date the Landscape Documentation Package was submitted to the city _____
2. Date the Landscape Documentation Package was approved by the city _____
3. Date that a copy of the Water Efficient Landscape Worksheet (including the Water Budget Calculation) was submitted to the local water provider _____

Certification of Installation According to the Landscape Documentation Package

"I/we certify that based upon periodic site observations, the landscaping and irrigation were installed as authorized by the approved landscape and irrigation plans, all approved soil amendments were implemented, the installed irrigation system is functioning as designed and approved, the irrigation control system was properly programmed in accordance with the irrigation schedule, and the person operating the system has received all required maintenance and irrigation plans."

Signature of Landscape Professional of Record: _____
_____ Date: _____

Certificate of Completion Package Checklist:

- Irrigation Schedule
- Schedule of Landscape and Irrigation Maintenance
- Soil Management Report (If not previously submitted)
- "As-Built" plans (If significant changes were made after approval of the LDP)