



## CERTIFICATE OF COMPLETION LANDSCAPE AND IRRIGATION INSTALLATION

*This certificate must be completed by the project applicant upon completion of the landscape project.*

**Project Name:** \_\_\_\_\_ **Assessor's Parcel Number:** \_\_\_\_\_

### PART 1. PROJECT INFORMATION SHEET

Date		
Project Name		
Name of Project Applicant	Telephone No.	
	Fax No.	
Title	Email Address	
Company	Street Address	
City	State	Zip Code

### Project address and location:

Street Address	Assessor's Parcel Number	
City	State	Zip Code

### Property owner or his/her designee:

Name	Telephone No.	
	Fax No.	
Title	Email Address	
Company	Street Address	
City	State	Zip Code

### Property Owner

*"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 Landscape and Irrigation Maintenance Schedule."*

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

### Please answer the questions below:

1. Date the Landscape Documentation Package was submitted to MPWMD \_\_\_\_\_
2. Date the Landscape Documentation Package was approved by MPWMD \_\_\_\_\_
3. Date that a copy of the Water Efficient Landscape Worksheet (including the Water Budget Calculation) was submitted to MPWMD \_\_\_\_\_