

maintenance and irrigation plans.

CITY OF ENCINITAS Development Services Dept. 505 S. Vulcan Ave Encinitas, CA 92024 www.encinitasca.gov

Phone: 760-633-2710
Email: planning@encinitasca.gov

LANDSCAPE CERTIFICATE OF COMPLETION

This certificate shall be filled out by the landscape designer of record for the project within 10 days after installation. Where there have been modifications made in the field during construction, the "as-built" record drawings shall be included with this certification. Changes made to the landscape design in the field may require submittal of a modified landscape plan. The modified plan is subject to review and approval before the occupancy release can be granted by the Planning Division.

Project information:			
Address(es):			
APN(S):			
Building Permit(S):			
Grading Permit(S):			
Please provide the following info	rmation:		
Date when the landscape and irriga	tion commenced?		
Date when the landscape/irrigation	work was completed?		
Have any modifications to the appro □ Yes (attach "as built" plans)	oved landscape plans l □ No	been made:	
Have any modifications to approved □ Yes (attach "as built" plans)	l irrigation plans been ☐ No	made?	
The irrigation schedule complies wit □ Yes	th Section EMC 23.26. ☐ No	6.210 for irrigation time and water usage:	
The irrigation system maintenance : □ Yes	schedule complies witl ☐ No	th Section 23.26.200:	
The soil management report compli □ Yes	es with EMC Section 2 ☐ No	23.26.080 and was implemented during constr	uction:
Landscape Architect/Designer of	of Record (must be indiv	ividual that designed the plans)	
Name	Phone No.	Email	
License No. or Certification No.	Company	Address (must include, City, State,	& Zip)
Signature	Date		
landscaping and irrigation being installed p were implemented, the installed irrigation	er the approved plans and it system is functioning as	ws of California and City of Encinitas that, I have obse it conforms to EMC Chapter 23.26. All approved soil amen designed and approved, and the irrigation control system that the person operating the system has received all received all received all received and the person operating the system has received all received.	ndments em was