

APPENDIX 43

CERTIFICATE OF COMPLETION



Marina Coast Water District

11 Reservation Road, Marina, Ca 93933

831-384-6131

Water Conservation Department

831-883-5905

Fax 831-384-0197

CERTIFICATE OF COMPLETION

This certificate is filled out by the project applicant upon completion of the landscape project.

Project Information:

Date
Project Name
Project Location
Project Address

Project Applicant:

Applicant's Name	
Title	
Company	
Applicant's Address	
City	Phone Number
State	Fax Number
Zip Code	Email

Project Owner or Designee:

Name	
Title	
Company	
Applicant's Address	
City	Phone Number
State	Fax Number
Zip Code	Email

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SOIL MANAGEMENT REPORT

Choose one of the following statements:

A) “The Soil Management Report was previously submitted and approved by the District as part of the Landscape Documentation Package.

Signature: _____
Signature of Property Owner or Representative

B) “Due to mass grading, I was exempt from submitting the Soil Management Report as part of the Landscape Documentation Package. I have attached the Soil Management Report to this Certificate of Completion.

Signature: _____
Signature of Property Owner or Representative

LANDSCAPE IRRIGATION AUDIT REPORT

Choose one of the following statements:

A) “I have attached to this Certificate of Completion the Landscape Irrigation Audit Report as required by the District.

Signature: _____
Signature of Property Owner or Representative

CERTIFICATION OF INSTALLATION ACCORDING TO THE LANDSCAPE DOCUMENTATION PACKAGE

“I/we certify that based upon periodic site observations, the work has been completed in accordance with the ordinance and that the landscape planting and irrigation installation conform with the criteria and specifications of the approved Landscape Documentation Package”

Signature: _____ License # _____
Landscape Designer, Landscape Architect, or the Licensed Landscape Contractor

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LANDSCAPE IRRIGATION CONTROLLER SETTINGS

"I have attached to this Certificate of Completion the updated, as-built parameters for setting the irrigation schedule. All controllers are operating on a controller that utilizes:

Check one of the following _____ Adjusted daily ET _____ Real-time soil moisture readings

Signature: _____ License # _____
Landscape Designer, Landscape Architect, or the Licensed Landscape Contractor

OWNERS STATEMENT OF PROJECT COMPLETION

Please answer the questions below:

1. Date the Landscape Documentation Package was submitted to the District _____
2. Date the Landscape Documentation Package was approved by the District _____

"I certify that I have received copies of all the District approved documents within the Landscape Documentation Package and have in my possession copies of the attached documents that will fulfill my document submission requirements to the District.

I understand that it is my responsibility to see that the project is maintained in accordance with all documentation submitted to the District."

Signature of Property Owner or Representative: _____