



BUILDING & SAFETY DIVISION

659 N La Cadena Dr. Colton , Ca. 92324
 Phone: 909-370-5079 - www.ci.colton.ca.us

CERTIFICATE OF COMPLETION

CALIFORNIA GREEN BUILDING CODE

This Certificate is to be filled out by the project applicant upon completion of the landscape project

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	Parcel, Tract or lot number , if applicable.	
City	Latitude/Longitude (optional)	
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



BUILDING & SAFETY DIVISION

659 N La Cadena Dr. Colton , Ca. 92324
Phone: 909-370-5079 - www.ci.colton.ca.us

LANDSCAPE CERTIFICATION

CALIFORNIA GREEN BUILDING CODE
(This form is required at Final Inspection)

Project Information:

Site Address: _____ Permit Number: _____

Section A: Landscape Designer

- I certify that I am qualified by the State of California to perform landscape design services; the landscape design and water use calculations for this project were prepared by me or under my supervision; the landscape design and water use calculations comply with the requirements of the Model Water Efficient Landscape Ordinance, and the Landscape Documentation Package is complete; **OR**
- Interior T.I., no landscape work performed (**do not need to complete sections B or C below**); **OR**
- This project is not subject to the Model Water Efficient Landscape Ord

Name: _____ Relationship to project _____

Company Name (If applicable): _____ State License# (If applicable): _____

Signature: _____ Date: _____

Section B: Landscape Installer

- I certify that (a) I am qualified by the State of California to provide landscape design services; the landscape project for this project was installed by me or under my supervision; (b) the landscaping for the identified property has been installed in substantial conformance with the approved Landscape Documentation Package and complies with the requirements of the Model Water Efficient Landscape Ordinance; (c) a diagram of the irrigation plan showing hydrosomes is kept with the irrigation controllers; (d) the Certificate of Completion has been completed in compliance with the requirements of the Model Water Efficient Landscape Ordinance and shall be implemented.

Name: _____ Relationship to project _____

Company Name (If applicable): _____ State License# (If applicable): _____

Signature: _____ Date: _____

Section C: Owner/Representative

- I certify that I am the property owner or an authorized representative and have received copies of all the documents within the Landscape Documentation Package and the Certificate of Completion and that it is my responsibility to see that the project is maintained in accordance with the Landscape and Irrigation Maintenance Schedule.

Signature: _____ Date: _____

Qualified irrigation service provider : The following individuals are authorized to provide services required by the Model Water Efficient Landscape Ordinance in the State of California : Landscape Architects, Landscape Contractors, Landscape Designers and Irrigation Consultants. Personal property owners may design and sign plans for work on any property they own. (Sections 5500.1 , 5615, 5641 , 5641 . 1 , 5641 . 2, 5641 . 3, 5641.4, 5641 . 5, 5641.6 , 6701 , 7027 .5 of the Business and Professions Code, Section 832.27 of Title 16 of the California Code of Regulations, and Section 6721 of the Food and Agricultural Code.)



BUILDING & SAFETY DIVISION

659 N La Cadena Dr. Colton , Ca. 92324
 Phone: 909-370-5079 - www.ci.colton.ca.us

PART 2. 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*	Date	
Name (print)	Telephone No.	
	Fax No.	
Title	Email Address	
License No. or Certification No.		
Company	Street Address	
City	State	Zip code

*Signer of the landscape design plan, signer of the irrigation plan, or a licensed landscape contractor.

PART 3. IRRIGATION SCHEDULING

attach parameters for setting the irrigation schedule or controller per Ordinance Section 492.10

PART 4. SCHEDULE OF LANDSCAPE AND IRRIGATION MAINTANANCE

attach schedule of landscape and Irrigation Maintenance per Ordinance Section 492.11

PART 5. LANDSCAPE IRRIGATION AUDIT REPORT

Attach Landscape Irrigation Audit Report per Ordinance Section 492.12

PART 6. SOIL MANAGEMENT REORT

Attach soil analysis report, if not previously submitted with the Landscape Documentation Package per Ordinance Section 492.6\

Attach documentation verifying implementation of recommendations from soil analysis report per Ordinance Section 492.6