



**CERTIFICATION OF
COMPLETION LANDSCAPE
INSTALLATION
P-25(D)**

Development Services

Planning Division
1635 Faraday Avenue
(760) 602-4610
www.carlsbadca.gov

Project Name: _____

Permit Address: _____

Permit Number: _____

Drawing Number: _____

I certify that I have inspected the planting and irrigation system and that:

- 1) *All landscape work has been installed and completed per the plans and specifications approved by the City of Carlsbad;*
- 2) *All required soil amendments were incorporated;*
- 3) *The installed irrigation system is functioning as designed and approved;*
- 4) *The irrigation control system was properly programmed in accordance with the irrigation schedule; and*
- 5) *The person operating the system has received all required maintenance and irrigation plans.*

Project Landscape Architect or Professional of Record

Date

License Number and Expiration Date: _____

Firm Name: _____

Phone number: _____

Following receipt of this Certification of Completion by the City, a final review of the installation will be performed by the City. Fax the certification letter to **760-436-7327**. Or you can email it to: **BP@DUGMOREDESIGNSTUDIO.COM**

Call the Landscape Consultant at **760-436-7327** to schedule the inspection.

Inspection Contact Name: _____

Phone Number: _____

Contactor Firm Name: _____