



**LANDSCAPE COMPLETION
CERTIFICATION**

Upon completion of landscaping/irrigation installation, the project Landscape Architect is requested to conduct a site visit and provide certification that installation has been in compliance with the approved plans.

Job Address: _____

Permit Number: _____ Project Name (if Applicable): _____

LANDSCAPE CONTRACTOR

Name: _____ Phone: _____ Fax: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

LANDSCAPE ARCHITECT

I hereby certify that the landscaping and irrigation improvements have been installed in accordance with the approved plans or as modified in accordance with procedures found within the Post Falls Zoning Ordinance.

Name: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Comments: _____

ADMINISTRATOR APPROVAL

Signature: _____

Date: _____

LA Stamp

