



# City of El Segundo

Planning and Building Safety  
350 Main Street  
El Segundo, CA 90245  
(310) 524-2344; FAX: (310) 322-4167  
[www.elsegundo.org](http://www.elsegundo.org)

## LANDSCAPE INSTALLATION CERTIFICATE OF COMPLETION

### I hereby certify that:

1. I am a professional appropriately licensed in the State of California to provide professional landscape design services.
2. The landscape project was installed by me or under my supervision for the property located at:

\_\_\_\_\_  
(Provide street address and parcel number(s)).

\_\_\_\_\_  
(List Related Permits)

3. The *Landscape Design Plan* for the identified property has been installed in substantial conformance with the approved *Landscape Documentation Package* and *Water Use Calculations* in compliance with the requirements of the City of El Segundo's Water Efficient Landscape Ordinance and the *Landscaping Design Requirements* of efficient use of water in the landscape.

- Landscape Certificate of Completion.
- Soil Management Report.
- Irrigation Scheduling Parameters.
- Irrigation audit report, Irrigation Survey, or Irrigation Water Use Analysis report.
- Landscape and Irrigation Maintenance schedule.

4. An Irrigation Audit prepared by a Certified Landscape Irrigation Auditor will be submitted to the City before requesting Final for the Plumbing Permit and/or Building Permits issued for this Landscape project. The *Irrigation Audit* will report how much water was used for three months after the complete installation of the Landscaping, in compliance with the City of El Segundo's Water Efficient Landscape Ordinance.

### Property Owner:

I/we certify that I/we have received copies of all the documents for the *Landscape Documentation Package* and that it is our responsibility to see that the project is maintained in accordance with the "Landscape and Irrigation Maintenance Schedule."

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail Address

**Licensed Architect or Professional:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail Address

Landscape Contractor or Landscape Design Professional's Stamp (if applicable)

