



Certificate of Landscape Installation

A. Project Information

Date _____

Project Name _____

Project Street Address, City and Zip _____

Parcel or Lot Number(s) (if available) _____

Applicant Name _____

Applicant Job Title _____

Applicant Company Name _____

Phone Number _____

Email Address _____

Street Address, City and Zip _____

Property Owner Name _____

Phone Number _____

Email Address _____

Street Address, City and Zip _____

Property Owner:

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

Property Owner

Date

B. Certificate of Installation

To be signed by the signer of the Landscape Design Plan or the Irrigation Design Plan or by the licensed landscape contractor

"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. As-built drawings have been provided to document any major modifications of the approved Landscape Documentation Package. Significant changes made during construction comply with the ordinance."

Contractor/Professional Signature _____
Date _____
Print Name _____
License Number _____

C. Additional Modifications

Applicant: If major modifications were made in construction from the submitted plans, attach record drawings (as-builts)

- No major modifications
- As-builts attached, including a revised Water Efficient Landscape Worksheet

D. Irrigation Scheduling

Table 1 D. Irrigation Scheduling

Applicant: Write the Plan Sheet Number	Item: Description of Document	Reviewer: Pass	Reviewer: Fail/NA
<input type="checkbox"/>	1. Irrigation scheduling is regulated by automatic irrigation controller	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Overhead irrigation is scheduled between 8 p.m. and 10 a.m.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Settings for the irrigation controller for each station include the following:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	a. Irrigation days	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Run times	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Number of cycle starts per watering event to avoid run off	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. Amount of applied water on a monthly basis	<input type="checkbox"/>	<input type="checkbox"/>

E. Schedule of Landscape and Irrigation Maintenance

Table 2 E. Schedule of Landscape and Irrigation Maintenance

Applicant: Write the Plan Sheet Number	Item: Description of Document	Reviewer: Pass	Reviewer: Fail/NA
<input type="checkbox"/>	1. Attach schedule of maintenance for the landscape and irrigation system per ordinance to ensure water efficiency. The attached schedule of landscape maintenance includes:	<input type="checkbox"/>	<input type="checkbox"/>

Applicant: Write the Plan Sheet Number	Item: Description of Document	Reviewer: Pass	Reviewer: Fail/NA
<input type="checkbox"/>	a. Routine inspection, auditing, adjusting and repair of the irrigation system	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Aerating and dethatching turf areas	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Topdressing planting areas with compost as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. Replenishing mulch	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e. Pruning and weeding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f. Routine inspection, auditing, adjusting and repair of the irrigation system	<input type="checkbox"/>	<input type="checkbox"/>
	<i>(Bay-Friendly Landscape maintenance manual used for the site would satisfy this requirement)</i>		
<input type="checkbox"/>	2. Attach landscape irrigation audit report	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Attach landscape irrigation audit checklist	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. The irrigation audit was conducted by a third-party certified Irrigation Auditor professional who is not a part of the design team	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. Irrigation items identified for repair in the audit are fixed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. In large project or projects with multiple landscape installations (i.e. production home developments) an auditing rate of 1 in 7 lots or 15% is conducted	<input type="checkbox"/>	<input type="checkbox"/>

Complete these sections **ONLY** if project following the Performance Path.

F. Irrigation Audit Report

Table 3 F. Irrigation Audit Report

Applicant: Write the Plan Sheet Number	Item: Description of Document	Reviewer: Pass	Reviewer: Fail/NA
<input type="checkbox"/>	1. Audit completed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Any recommended repairs have been completed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. The Irrigation Audit Report includes:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	a. Inspection for leaks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. System tune-up	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Reporting overspray or run off	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. An irrigation schedule including configuring controller with application rate, soil types, plant factors, slope, exposure and other factors needed to increase water efficiency	<input type="checkbox"/>	<input type="checkbox"/>

G. Soil Management Report – if not attached to Landscape Documentation Package

Table 4 G. Soil Management Report - if not attached to Landscape Documentation Package

Applicant: Write the Plan Sheet Number	Item: Description of Document	Reviewer: Pass	Reviewer: Fail/NA
<input type="checkbox"/>	1. Attach soil analysis report of the soil in planting areas from a soil lab if not previously submitted with the Landscape	<input type="checkbox"/>	<input type="checkbox"/>

Applicant: Write the Plan Sheet Number	Item: Description of Document	Reviewer: Pass	Reviewer: Fail/NA
	Documentation Package per ordinance.		
<input type="checkbox"/>	2. The soil sample follows laboratory protocol and includes:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	a. Soil texture	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Infiltration rate	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. pH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. Total soluble salts	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e. Sodium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f. Percent organic matter	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	g. Amendment recommendations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Attach document(s) showing that soil analysis report recommendations were used to amend the planting soil, such as delivery tags and receipts for compost and mulch.	<input type="checkbox"/>	<input type="checkbox"/>