



proud past, promising future

CLARK COUNTY  
WASHINGTON

DATE OF SUBMITTAL: \_\_\_\_\_

## CERTIFICATION OF LANDSCAPE INSTALLATION

In order to ensure that the landscape has been installed in conformance with the approved landscape plan(s) CCC 40.320.020, CCC 40.540.070(B)(8)(d), and CCC40.320.010 require the applicant to submit a copy of the approved landscape plan(s) with a certification signed and stamped by a landscape architect licensed in the state of Washington certifying that the landscape and irrigation (if any) have been installed in accordance with the attached approved plan(s) and verifying that any plant substitutions are comparable to the approved plantings and suitable for the site. Any substituted plants shall be no smaller than those shown on the approved plan(s) and shall have similar characteristics in terms of height, drought tolerance and suitability for screening. **Verification of landscape installation must be submitted prior to approval of a final plat or issuance of an occupancy permit.**

PROJECT NAME: \_\_\_\_\_ FLD CASE #: \_\_\_\_\_

DEVELOPER: \_\_\_\_\_ PHONE: \_\_\_\_\_

LANDSCAPE CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

LANDSCAPE ARCHITECT: \_\_\_\_\_ PHONE: \_\_\_\_\_

I, the undersigned landscape architect licensed in the state of Washington, hereby certify that the landscape on the subject site has been installed in accordance with the attached approved plans with \_\_\_\_ [number of substitutions] plant substitutions. I further certify that all of the plant substitutions are listed below and that these substituted plants are comparable to the approved plantings, suitable for the site, are be no smaller than those shown on the approved plan(s) and have similar characteristics in terms of height, drought tolerance and suitability for screening.

Approved Plantings		Plan Substitution	
Name	Size	Name	Size
1.			
2.			
3.			

\* Attach additional sheets as needed to list all plant substitutions.

Irrigation was was not [circle one] required by the approved landscape plan. If irrigation was required, I further certify that the irrigation system was installed pursuant to the landscape plan and has been tested and was properly functioning on \_\_\_\_\_ [date irrigation system was tested].

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp

**Attach approved landscape plan(s)**