City of Torrance

Community Development Department **Michelle G. Ramirez, Director**
3031 Torrance Blvd., Torrance, CA 90503 (310) 618-5990 Fax: (310) 618-5829

Certificate of Completion

PART 1. PROJECT INFORMATION

Project Name	Date	
Street Address or Location		
City	State	Zip Code

Applicant Information

Applicant Name	Company
Phone Number	Email
Street Address	
State	Zip Code

Property Owner or his/her designee

Name	Phone Number
Email	
Street Address	
State	Zip Code

Please complete the following:

1. Date Landscape Documentation Package submitted to local agency _____
2. Date Landscape Documentation Package approved by local agency _____
3. Date copy of Water Efficient Landscape Worksheet (including the Water Budget Calculation) submitted to local water purveyor _____

Property Owner

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

Property Owner Signature Date

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PART 2. CERTIFICATION OF INSTALLATION ACCORDING TO THE LANDSCAPE DOCUMENTATION PACKAGE

"I/we certify that based upon periodic site observations, the work has been substantially completed in accordance with ordinance and that the landscape planting and irrigation conform with the criteria and specifications of the approved Landscape Documentation Package."

Signature*	Date	
Name (print)	Telephone No.	
	Fax No.	
Title	Email Address	
License No. or Certification No.		
Company	Street Address	
City	State	Zip Code

* Signer of the landscape design plan, signer of the irrigation plan, or a licensed landscape contractor