



City of Coral Gables Development Services Department

FINAL CERTIFICATE OF LANDSCAPE COMPLETION

Date: _____ Permit Number: _____

Legal description: Lot _____, Block _____, Subdivision _____

P.B. _____, Page _____.

Development name: _____

Located at: _____

I hereby certify that the landscaping has been installed in compliance with the approved landscape plan, and that all requirements of the City of Coral Gables Landscape Ordinance, in reference to trees, shrubs, and irrigation have been met.

Architect or Landscape Architect Signature

Seal:

Architect or Landscape Architect Printed Name

Architect or Landscape Architect State License number: _____

Architect or Landscape Architect address: _____

Architect or Landscape Architect telephone number: _____

Architect or Landscape Architect e-mail address: _____