



Development Services Department
Planning and Zoning Division
405 Biltmore Way, 3rd Floor
Coral Gables, Florida 33134
(305) 460-5235

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

Landscape Architect's address: _____

Landscape Architect's telephone number: _____

Landscape Architect's e-mail address: _____

Landscape Architect's State License number: _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____. He/she is personally known to me or has produced Florida Driver's License No. _____, as identification and did not take an oath.

Witness my signature and official seal this _____ day of _____, 20____, in the County and State aforesaid, the date and year last aforesaid.

Notary Public

My Commission Expires:

Notary Public Printed Name

