

Appendix C – Sample Certificate of Completion.
CERTIFICATE OF COMPLETION

This certificate is filled out by the project applicant upon completion of the landscape project.

PART 1. PROJECT INFORMATION SHEET

Date	6-22-2022	
Project Name	HIGHLANDS ESTATES	
Name of Project Applicant	Telephone No.	650 595 5582
JACK T. CHAMBERLAIN	Fax No.	650 891 1704
FLORONEROCIA PARTNERS LLC	Email Address	J.PUTTLEC@AOL.COM
Title	MANAGER	
Company	THE CHAMBERLAIN GROUP	
Street Address	990 INDUSTRIAL ROAD	
City	State	Zip Code
SAN CARLOS	CALIFORNIA	94090

Project Address and Location:

Street Address	2185 COPPER HILL PLACE		Parcel, tract or lot number, if available.
City	SAN MATEO		LOT 10
State	Zip Code	Latitude/Longitude (optional)	
CALIFORNIA	94402		

Property Owner or his/her designee:

Name	Telephone No.	650 722 5800	
NOEL CHAMBERLAIN	Fax No.		
HIGHLAND ESTATE DEVELOPMENT I	Email Address	NOEL@NEWGENERATIONEELS.COM	
Title	MANAGER		
Company	NEKGEN		
Street Address	225 DEMETER STREET		
City	State	Zip Code	
COSTA MESA	CALIFORNIA	92626	

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."

Jack Chamberlain 6-22-2022

Property Owner Signature

Date

Please answer the questions below:

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

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

"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."

Signature* 	Date 05/12/22	
Name (print) Zeki Abed	Telephone No.	415-864-1921
	Fax No.	
Title Landscape Architect	Email Address zeki@valainc.com	
License No. or Certification No. #3402		
Company Van Dorn Abed, Landscape Architect, Inc.	Street Address 81 14th Street	
City San Francisco	State CA	Zip Code 94103

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

PART 3. IRRIGATION SCHEDULING

Attach parameters for setting the irrigation schedule on controller per ordinance Section 492.10.

PART 4. SCHEDULE OF LANDSCAPE AND IRRIGATION MAINTENANCE

Attach schedule of Landscape and Irrigation Maintenance per ordinance Section 492.11.

PART 5. LANDSCAPE IRRIGATION AUDIT REPORT

Attach Landscape Irrigation Audit Report per ordinance Section 492.12.

PART 6. SOIL MANAGEMENT REPORT

Attach soil analysis report, if not previously submitted with the Landscape Documentation Package per ordinance Section 492.6.

Attach documentation verifying implementation of recommendations from soil analysis report per ordinance Section 492.6.