



Applicant Information	
Applicant Name:	Phone:
Mailing Address:	Zip Code:
Project Name:	SFPUC Account #:
Landscape Project Site Address:	

Property Owner Information	
Property Owner Name:	Phone:
Company:	Title:
Mailing Address:	Zip Code:

Landscape Professional Information (if applicable)	
Landscape Professional Name*:	
Company:	Phone:
Mailing Address:	Zip Code:
License or Certificate Name and Number:	Expiration Date:

Your Signature	
<p>I/we certify that based upon periodic site observations, the work has been substantially completed in accordance with the Water Efficient Irrigation Ordinance and its companion Rules and Regulations and that the landscape planting and irrigation installation conform with the requirements and specifications of the approved Tier 2 Application.</p>	
_____	_____
Responsible Landscape Professional Signature	Date
Please attach the following to your Certificate of Landscape Completion: <ul style="list-style-type: none"> <li><input type="checkbox"/> Irrigation Schedule</li> <li><input type="checkbox"/> Schedule of Landscape and Irrigation Maintenance</li> <li><input type="checkbox"/> Landscape Irrigation Audit Report</li> </ul>	

**Return the Tier 1 Certificate of Completion**

Or by mail to: SFPUC - Water Conservation Section  
 525 Golden Gate Ave, 10<sup>th</sup> Floor  
 San Francisco, CA 94102

SFPUC Staff Evaluation			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Approval Signature	Date
			Case ID Number