

CERTIFICATE OF LANDSCAPE INSTALLATION

Name of project: _____ Building Permit No.: _____
 Address of project: _____ Plan File No.: _____
 Property I.D. #: _____
 Owner of the property: _____
 Address: _____
 City: _____ State/Zip _____
 Phone: _____

Note: Inspection of landscape installation must be performed by a licensed landscape architect or a landscape contractor. Please complete the appropriate information.

Business name: _____
 Name (*landscape contractor or landscape architect*): _____
 Business address: _____
 City: _____ State/Zip _____
 Phone: _____

I certify that I (undersigned Landscape Architect or Landscape Contractor) have personally inspected the landscape installation at the above referenced project on (*inspection date(s)*) _____ and that all landscaping and buffering is properly installed and meets all the requirements of the approved landscape plan and [Section 4-1-D-2](#) of the Unified Development Code of the City of Lenexa. I understand that any misrepresentation or misstatements in the certificate shall constitute a violation of Section 4-1D-2P2 of the Unified Development Code of the City of Lenexa.

LANDSCAPE CONTRACTOR	LANDSCAPE ARCHITECT
Signature of landscape contractor _____	Signature of landscape architect _____
Date Subscribed and sworn to before me this ____ day of _____, _____	Date _____
Signature of Notary Public _____	Notary Seal:
Date My Appointment expires: _____	
Date _____	

Return this form to: **BUILDING INSPECTION DIVISION**
 Department of Community Development, City of Lenexa, 12350 W. 87th Street Parkway, Lenexa, Kansas 66215
 Phone No.: 913 477-7500 Fax No.: 913 477-7730