

APPENDIX C31 – LANDSCAPE ARCHITECT'S CERTIFICATION OF COMPLIANCE

Project Name: _____

I hereby certify that to the best of my knowledge and belief this project has been installed in substantial compliance with the plans as approved by Sarasota County. I further certify that the project landscaping meets the requirements of the Sarasota County Zoning Code.

Signature of Landscape Architect

(AFFIX SEAL HERE)

Name (Please Print or Type)

Florida License No.

Company Name

Company Street Address

City State Zip

() _____
Telephone Number

() _____
Fax Number

Date