

Professional

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

PROCESS NUMBER _____

Legal description: Lot _____, Block _____, Subdivision _____
P.B. _____ Page _____, Development name _____
Located at (address) _____

I/We hereby certify that the landscaping/irrigation plan being submitted for the above captioned complies with the requirements of the City of Aventura Code of Ordinances, Section 31-221 (Landscaping Requirements) as to species, height, trunk width and location at time of planting, and that the species as shown are in accordance with the accepted species approved by the City of Aventura and that none of the species are from the Miami-Dade County "prohibited species" list.

Additionally automatic sprinkler system (if applicable) comply with requirement of said ordinance as to type of heads, spray system, location, etc.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare and submit this landscaping/irrigation plan.

Seal: (If Corporation)

Professional Preparer's Signature

Print Name

STATE OF _____
COUNTY OF _____

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me _____, to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned;

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

Notary Public

Print Name

My Commission Expires:

Professional (Individual or Corporation)

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

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Additionally automatic sprinkler system (if applicable) comply with requirement of said ordinance as to type of heads, spray system, location, etc.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare and submit this landscaping/irrigation plan.

Seal:

Professional Preparer's Signature

Print Name

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 200____, by _____, _____ of _____ a _____ corporation, on behalf of the corporation. He/She is personally known to me or has produced _____, as identification and did/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

Print Name

My Commission Expires:

PROFESSIONAL PREPARER'S CERTIFICATION AT TIME OF FINAL INSPECTION

PERMIT NUMBER _____

Legal description: Lot _____, Block _____, Subdivision _____
P.B. _____ Page _____, (or metes and bounds legal) _____

Development name _____
Located at (address) _____

I/We hereby certify that the landscaping and sprinkler system (if applicable) have been installed in compliance with the approved plans and that all requirements of the City of Aventura Code of Ordinances, Section 31-221 (Landscaping Requirements), have been met.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to provide such certification.

Professional Preparer's Signature

Seal:

Print Name

STATE OF _____
COUNTY OF _____

I, an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me _____, to me known to be the person described in and who executed the foregoing instrument and he/she acknowledged to me the execution thereof to be his/her free act and deed for the uses and purposes therein mentioned;

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

Notary Public

Print Name

My Commission Expires:

Professional/Corp.

PROFESSIONAL PREPARER'S CERTIFICATION AT TIME OF FINAL INSPECTION

PERMIT NUMBER _____

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P.B. _____ Page _____, (or metes and bounds legal) _____

Development name _____
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I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to provide such certification.

Professional Preparer's Signature

Seal:

Print Name

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, of _____ a _____ corporation, on behalf of the corporation. He/She is personally known to me or has produced _____, as identification and did/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

Print Name

My Commission Expires: