OWNER'S STATEMENT OF LANDSCAPE COMPLIANCE FOR PUBLIC HEARING

| | | PUBLIC HEARING NUM | PUBLIC HEARING NUMBER | | |
|---|---|---|--|--|--|
| name bounds) | I/We hereby certify that as owner/legal description | /agent for owner of Lot, Blo , P.B Page | ock, Subdivision , (or metes and | | |
| | | | | | |
| landscap except for width ar approve species" I/We her trees on I/We fur | at (address) ping plans being submitted comply or any non-use variance(s) request and location at time of planting and d by Miami-Dade County and tha ' list. reby certify as an arborist and/or lan the property. Ther certify that I/we am/are author his landscaping/irrigation plan. | ed as part of this public hearing as I that the species as shown are it none of the species were selected according to the species were are/are | s to species, height, trunk in compliance with those cted from the "prohibited e no (circle one) specimen | | |
| Individua | al Owner's Signature | Officer's Signature | | | |
| | me of Owner | Print Name of Corpora Address: | tion (Owner) | | |
| STATE COUNT | OF Y OF | | | | |
| acting, executed | , an officer authorized to take acknown do hereby certify the control of the foregoing instrument and he/s and deed for the uses and purposes | at on this date app to me known to be the person she acknowledged to me the exect | peared before me n described in and who | | |
| | Nitness my signature and official se ounty and State aforesaid, the date | | ,200, | | |
| | | Notary Pub | lic | | |
| | | Print Name | | | |

My Commission Expires:

OWNER'S STATEMENT OF LANDSCAPE COMPLIANCE FOR PUBLIC HEARING

| | PUBLIC HEARIN | PUBLIC HEARING NUMBER | | |
|---|--|--|--|--|
| namebounds) legal description | s owner/agent for owner of Lot , P.B Pag | e, (or metes and | | |
| | comply with the requirements of of s requested as part of this publanting and that the species as sh | , that the Chapter 18A (Landscaping Code) lic hearing as to species, height own are in compliance with those | | |
| I/We hereby certify as an arborist at trees on the property. | nd/or landscape architect that there | e are/are no (circle one) specimer | | |
| I/We further certify that I/we am/a submit this landscaping/irrigation plants | | Florida Statutes to prepare and | | |
| Owner Signature | Agent Signature/ | Title | | |
| Print Name | Print Name | | | |
| STATE OF | | | | |
| The foregoing instrument was ac 200, by | , of | a | | |
| is personally known to me or has a | | | | |
| did/did not take an oath. | | | | |
| Witness my signature and o | ficial seal this day of | ,200, | | |
| in the County and State aforesaid, t | he date and year last aforesaid. | | | |
| | Not | ary Public | | |
| | Prii | nt Name | | |

My Commission Expires:

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE FOR PUBLIC HEARING

| PUBLIC HEARING | NUMBER |
|---|---|
| Legal description: Lot, Block, Subdivision | |
| P.B Page, Development name | |
| Located at (address) | |
| I/We hereby certify that the landscaping/irrigation plan being subrwith the requirements of Ordinance 18A (Landscape code) exrequested as part of this public hearing as to species, heigh planting, and that the species as shown are in accordance with Miami-Dade County and that none of the species are from the "Pr | ccept for any non-use variances(s) nt, trunk width and location at time of the the accepted species approved by |
| I/We hereby certify as an arborist and/or landscape architect that trees on the property. | there are/are no (circle one) specimen |
| Additionally automatic sprinkler system (if applicable) comply wit type of heads, spray system, location, etc. | h requirement of said ordinance as to |
| I/We further certify that I/we am/are authorized under Chapter submit this landscaping/irrigation plan. | 481, Florida statutes to prepare and |
| | eal: (If Corporation) |
| Professional Preparer's Signature | |
| Print Name | |
| STATE OF COUNTY OF | |
| The foregoing instrument was acknowledged before me this | day of, 200, |
| by, of | |
| a corpora | tion, 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 in the County and State aforesaid, the date and year last aforesaid | |
| | Notary Public |
| | Print Name |

My Commission Expires: