OWNER’S STATEMENT OF LANDSCAPE COMPLIANCE FOR PUBLIC HEARING

PUBLIC HEARING NUMBER ________________

I/We hereby certify that as owner/agent for owner of Lot ______, Block ______, Subdivision name ____________________________________, P.B. ______ Page ________, (or metes and bounds) legal description

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Located at (address) _________________________________________________, that the landscaping plans being submitted comply with the requirements of Chapter18A (Landscape Code) except for any non-use variance(s) requested as part of this public hearing as to species, height, trunk width and location at time of planting and that the species as shown are in compliance with those approved by Miami-Dade County and that none of the species were selected from the "prohibited species" list.

I/We hereby certify as an arborist and/or landscape architect that there are/are no (circle one) specimen trees on the property.

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

____________________________________
Individual Owner’s Signature

____________________________________
Print Name of Owner

Address:_______________________________

____________________________________
Officer’s Signature

____________________________________
Print Name of Corporation (Owner)

Address:_______________________________

____________________________
Notary Public

____________________________
Print Name

My Commission Expires:
OWNER’S STATEMENT OF LANDSCAPE COMPLIANCE FOR PUBLIC HEARING

PUBLIC HEARING NUMBER ______________

I/We hereby certify that as owner/agent for owner of Lot ______, Block ______, Subdivision name _____________________________________, P.B. ______ Page ________, (or metes and bounds) legal description

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Located at (address) _________________________________________________, that the landscaping plans being submitted comply with the requirements of Chapter 18A (Landscaping Code) except for any non-use variance’s requested as part of this public hearing as to species, height, trunk width and location at time of planting and that the species as shown are in compliance with those approved by Miami-Dade County and that none of the species were selected from the "prohibited species" list.

I/We hereby certify as an arborist and/or landscape architect that there are/are no (circle one) specimen trees on the property.

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

__________________________ ____________________________
Owner Signature Agent Signature/Title

Print Name   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 _______________________, 200___, in the County and State aforesaid, the date and year last aforesaid.

____________________________
Notary Public

____________________________
Print Name

My Commission Expires:
PROFESSIONAL PREPARERS 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 submitted for this zoning hearing complies with the requirements of Ordinance 18A (Landscape code) except for any non-use variances(s) requested as part of this public hearing 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 Miami-Dade County and that none of the species are from the “Prohibited Species” list.

I/We hereby certify as an arborist and/or landscape architect that there are/are no (circle one) specimen trees on the property.

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.

____________________________
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 ____________________, 200__, in the County and State aforesaid, the date and year last aforesaid.

____________________________
Notary Public

____________________________
Print Name

My Commission Expires: