



## **Planning & Zoning**

## LANDSCAPING CERTIFICATION

## **Landscaping Deferral Certification**

Name:	
Project address:	
Permit/Project #:	
Email:	
Builder/contractor:	Phone:
Address:	
State, Zip:	<del></del>
Due to winter and freezing conditions, I the underst completed at the succeeding ground thaw. I also constandards of the current codes in effect at the time conditions applicable to the Order of Decision for the Planning and Zoning Requirements (completion dates).	ertify that all landscaping will meet the minimum the permit was issued and/or any required
Applicant/builder Name	-
Applicant/builder Signature	Date:
Applicantly bunder Signature	Date
Planning and Zoning Director Signature	Date:
	Date:
PZ Signature for requirements completed	