

Construction Completion Certificate

SUBDIVISION _____ PHASE _____ AGREEMENT NUMBER _____

DEVELOPER _____

UTILITY _____

CONSULTING LANDSCAPE ARCHITECT _____

CONTRACTOR _____ BOUNDARY OF AREA (See attached plan)

CONSULTING LANDSCAPE ARCHITECT'S CERTIFICATE

I, _____ PROFESSIONAL LANDSCAPE ARCHITECT, AM EMPLOYED BY THE CONSULTING LANDSCAPE ARCHITECT WHO IS ENGAGED BY THE DEVELOPER TO DESIGN AND INSPECT THE CONSTRUCTION AND INSTALLATION OF UTILITIES AND IMPROVEMENTS. I DO HEREBY CERTIFY THAT THE UTILITIES OR IMPROVEMENTS NOTED WITHIN THE AREA SHOWN ON THE ATTACHED PLAN HAS BEEN CONSTRUCTED, INSTALLED AND INSPECTED IN CONFORMANCE IN ALL RESPECTS TO THE TOWNS SPECIFICATION AND APPROVED DESIGNS, OR AS-OTHERWISE REQUIRED BY THE SENIOR MANAGER, DEVELOPMENT SERVICES AND THAT ALL DEFECTS AND DEFICIENCIES IN WORK AND MATERIALS HAVE BEEN REPORTED TO THE DEVELOPER AND THE TOWN AND HAVE BEEN REMEDIED BY THE DEVELOPER.

I CONFIRM THAT I HAVE BEEN EMPOWERED BY THE DEVELOPER TO HONOUR; COMPLY WITH AND PERFORM ALL OF THE CONSULTING LANDSCAPE ARCHITECT'S OBLIGATIONS AND TO PROVIDE ALL OF THE FIELD SERVICES AS SPECIFIED IN THE DOCUMENT ENTITLED "CONSULTING ENGINEERS FIELD SERVICES GUIDELINES"

PERMIT TO PRACTICE STAMP

Signature of Consulting Landscape Architect's Inspector

_____, L.A.T.
Signature of Consulting Landscape Architect

ACKNOWLEDGEMENT OF RECEIPT OF CONSULTING ENGINEERS CERTIFICATE:

DATE: _____ SIGNATURE _____ Town of Cochrane

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DATE: _____ SIGNATURE _____ Town of Cochrane

REJECTED ON _____ TOWN REPRESENTATIVE

CAUSE FOR REJECTION _____

I HEREBY CERTIFY THAT THE ITEMS LISTED AS CAUSES FOR REJECTION HAVE NOW BEEN CORRECTED.

DATE: _____ SIGNATURE _____, L.A.T.

ACKNOWLEDGEMENT OF RECEIPT OF CONSULTING ENGINEERS CERTIFICATE:

DATE: _____ SIGNATURE _____ Town of Cochrane

PROJECTED EARLIEST MAINTENANCE PERIOD EXPIRY DATE: _____