

**City of Malibu
Planning Department**

CERTIFICATE OF COMPLETION

PART 1. PROJECT INFORMATION

Applicant Information:

Date		
Applicant Name	Telephone No.	
	Fax No.	
Title	Email Address	
Company	Street Address	
City	State	Zip Code

Project Address and Location:

Street Address	Additional Notes
Other Project Case Number	Assessor Parcel Number(s)

Property Owner or his/her designee:

Name	Telephone No.	
	Fax No.	
Title	Email Address	
Company	Street Address	
City	State	Zip Code

Property Owner Certification

I certify that I/we have received copies of all the documents listed within the final approved Landscape Plan and Parts 4 through 8 listed at the end of this Certificate of Completion. I/we further acknowledge that it is my/our responsibility to see that the project is maintained in accordance with these plans and documents and the Landscape Water Conservation Ordinance (Malibu Municipal Code (MMC) Chapter 9.22).

Property Owner Signature

Print Name

Date

