

## San Francisco Water Efficient Irrigation Ordinance Tier 1 Certificate of Completion

Applicant Name:		Phone:	Case ID (b	Case ID (by SFPUC staff):		
Mailing Address:			Email Add	Email Address:		
Landscape Project Site Address:		Block #:	Lot #:		SFPUC Account #:	
Responsible Landscape Profession	onal (if applicable)*	Company:		Phor	ne Number:	
Mailing Address:				Email Address:		
Landscape Professional License or Certificate Name & Number:				Expiration Date:		
*Signer of the landscape design pla	an, signer of the irrigat	tion plan, or a lic	censed landscape o	contract	tor.	
Signature of property owner or authorized representative				Date		
s	San Francisco Pu Water	Conservatio	n			
	San Fran Email: <u>lands</u>	et Street, 4 <sup>th</sup> cisco, CA 94 scape@sfwa 415) 551-473	1103 Iter.org			
SFPUC Staff Evaluation	Staff Comments:					
☐ Approved						
☐ Not Approved	Signature				Date	