



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DEPARTMENT
www.ColliercountyFL.gov

2800 NORTH HORSESHOE DRIVE
NAPLES, FLORIDA 34104
239) 252-2400 FAX: (239) 252-6358

Information for: “Landscape Certificate of Compliance”

Prior to requesting a landscape inspection, and as required by LDC section 4.06.01 E.3, the “Landscape Certificate of Compliance” must be completed and signed and sealed by the consulting Landscape Architect.

Please submit the Landscape Certificate of Compliance to:

**GMD Client Services
Growth Management Department
2800 North Horseshoe Drive
Naples, Florida 34104**

Phone number: (239) 252-6820; GMDClientServices@ColliercountyFL.gov

In the event that the Landscape Plans approved by Collier County have changed, the revised Landscape Plan shall be submitted and approved through the “Insubstantial Change Process”. The Insubstantial Change must be approved prior to seeking a landscape inspection. Please assure that landscapers are planting according to the latest approved Landscape Plan.

Information on Insubstantial Changes:

For further information on Insubstantial Change plans, please go to the County website at www.ColliercountyFL.gov. Under “Your Government” in the left column under “Zoning Services Section”, click on “Zoning application Forms”. Scroll down to “Site Development and Site Improvement Plans” and select “Site Development Plan Insubstantial Change”.



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DEPARTMENT
www.ColliercountyFL.gov

2800 NORTH HORSESHOE DRIVE
NAPLES, FLORIDA 34104
239) 252-2400 FAX: (239) 252-6358

LANDSCAPE CERTIFICATE OF COMPLIANCE

DATE: _____ PROJECT NUMBER: _____

PROJECT NAME: _____

I hereby certify that in my professional judgment and to the best of my knowledge that the open space area, landscaping and the irrigation system are in substantial compliance with the latest approved landscape and irrigation plans.

(Landscape Architect)

SEAL

(Florida Landscape Architect License Number)

LANDSCAPE ARCHITECT'S CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Cell # _____ Fax # _____
