



**PLANNING & DEVELOPMENT
 LANDSCAPING ACCEPTANCE CERTIFICATE (LAC)**

Owner Information			
Owner Name: _____			
Mailing Address Box/Street: _____	Town/City: _____	Province: _____	Postal Code: _____
Email: _____		Phone Number: _____	

Development Area Information						
Municipal Address: _____	City/Town: _____	Province: _____	Postal Code: _____			
Legal Land Description: _____	Lot: _____	Block: _____	Plan: _____			
QS: _____	TWP: _____	RGE: _____	W4			
Land Use District: R-LD	R-MD	R-HD	R-MF	R-RE	C-DWT	C-GEN
C-HWY	I-DIP	INS	PU	REC	RREC	AG-T

Contractor Information:			
Contractor Name: _____			
Mailing Address Box/Street: _____	Town/City: _____	Province: _____	Postal Code: _____
Email: _____		Phone Number: _____	

Please complete the attached credit card authorization and email, drop off, or mail to Box 397, Redwater AB T0A 2W0, at the Town of Redwater office P 780-942-3519 ext. 330 F 780-942-4321 E tlane@redwater.ca

The personal information requested on this form is being collected under the authority Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used in the management and administration of the Town of Redwater's land development planning processes and may be communicated to relevant City Business Units. If you have any questions about the collection or use of your personal information, contact the Town of Redwater FOIP Coordinator at 4924 47th St. Redwater, AB, T0A 2W0 or 780.942.3519.

I hereby certify that the landscaping for the above described project has been completed in conformance with the Town of Redwater Landscaping Standards and all deficiencies have been rectified to the Town's satisfaction.

Based on the above certification, the Town of Redwater accepts that the project is complete and that the Maintenance Period of twelve (12) months shall commence on _____.

(Owners Signature)

(Town of Redwater Representative Signature)

FOR OFFICE USE ONLY				
INSPECTIONS:				
			Owner Initials	Development Authority Initials
Pre-Construction Meeting	Date: _____			
Installation Inspection (25% Landscaping Deposit returned if approved)	Date: _____	Approved Deficiencies		
Landscaping Acceptance Certificate (LAC) Inspection at twelve (12) months (50% Landscaping Deposit returned if approved)	Date: _____	Approved Deficiencies		
Deficiency Inspection (if required)	Date: _____	Approved Deficiencies		
Maintenance Period Inspection at twenty-four (24) months (25% Landscaping Deposit returned if approved)	Date: _____	Approved Deficiencies		
FILE INFORMATION:				
LANDSCAPING DEPOSIT RECEIPT NO: _____	DEVELOPMENT PERMIT NO: DPR _____	DEVELOPMENT AGREEMENT DATED: _____		DEPOSIT RETURNED: _____

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