

Landscape Certification

Planning and Development Services Department

www.opkansas.org

Date _____ Permit Number _____

Name of Project _____

Project Address _____

I certify that the landscape listed above has been completed and installed per city approved drawings.

Company _____

Address _____

Phone # _____

Signature

Date

Submit to:

Therese Lyons, Development Coordinator

(913) 895-6237 • Fax (913) 895-5016

therese.lyons@opkansas.org