



LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST #: <i># 57 GOLDEN ST. STORAGE</i>	DATE: <i>8/31/16</i>
	FOLLOWUP DATE:
Contractor: <i>KANERO LANDSCAPING</i>	Inspector: <i>Cervantes</i>
	Contractor Representative: <i>Gutierrez</i>

CHECK ISSUE(S) IF UNSATISFACTORY, NOTE LOCATION, NUMBER IF MULTIPLE AND NOTE BELOW, AND ANY HISTORY OF NON-COMPLIANCE. WRITE "NA" WHERE APPLICABLE. INDICATE "OK" ON FOLLOWUP.

	LOCATION(S):	HISTORY:	FOLLOWUP/STATUS:
<b>IRRIGATION:</b>	<i>Auto Center Dr</i>		
<input checked="" type="checkbox"/> BREAKS/LEAKS		<i>The are same breaks</i>	
<input type="checkbox"/> POOR COVERAGE			
<input type="checkbox"/> TOO WET			
<input checked="" type="checkbox"/> TOO DRY			
<b>WEEDS:</b>			
<input checked="" type="checkbox"/> PLANTERS		<i>some weeds in median</i>	
<input type="checkbox"/> MEDIANS			
<input type="checkbox"/> TURF			
<input type="checkbox"/> HARDSCAPE			
<b>SHRUBERY:</b>			
<input checked="" type="checkbox"/> HEDGE TRIM/SHAPE		<i>some shrubs need trimming</i>	
<input checked="" type="checkbox"/> DEAD MATERIAL			
<input type="checkbox"/> POOR HEALTH			
<b>IVY:</b>			
<input type="checkbox"/> TRIM			
<input type="checkbox"/> POOR HEALTH			
<input type="checkbox"/> DETACHMENT			
<b>TREES:</b>			
<input checked="" type="checkbox"/> PRUNING		<i>some trees need trimming</i>	
<input type="checkbox"/> POOR HEALTH/DEAD			
<input type="checkbox"/> STAKES			
<b>TURF:</b>			
<input type="checkbox"/> MOW/EDGE	<i>none</i>		
<input type="checkbox"/> POOR HEALTH			
<input type="checkbox"/> OTHER			

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST: # 87 GOLDEN ST. STORAGE	DATE: 8/31/16
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LOCATION(S): Auto Center drive HISTORY: FOLLOWUP/STATUS:

GROUND COVER/PLANT BEDS:

- OVERGROWN
- DEAD MATERIAL
- POOR HEALTH

some overgrown groundcover, missing, dead.

PEST(S):

- GOPHERS
- INSECT
- OTHER

some gopher activity

RESTROOM(S):

- NOT CLEANED
- FAULTY PLUMBING
- FAULTY LIGHTING

none

WALKWAYS/PATHS:

- OBSTRUCTION/TRIP
- FIBER COVERAGE
- DOG BAGS
- FOUNTAINS
- EXERCISE STATIONS
- FAULTY LIGHTING

none

VANDALISM:

- GRAFFITI
- DAMAGED/MISSING ITEMS

none

- TRASH
- EXCESSIVE LEAF LITTER

Trash on Median

UNLISTED HAZARD/ITEM

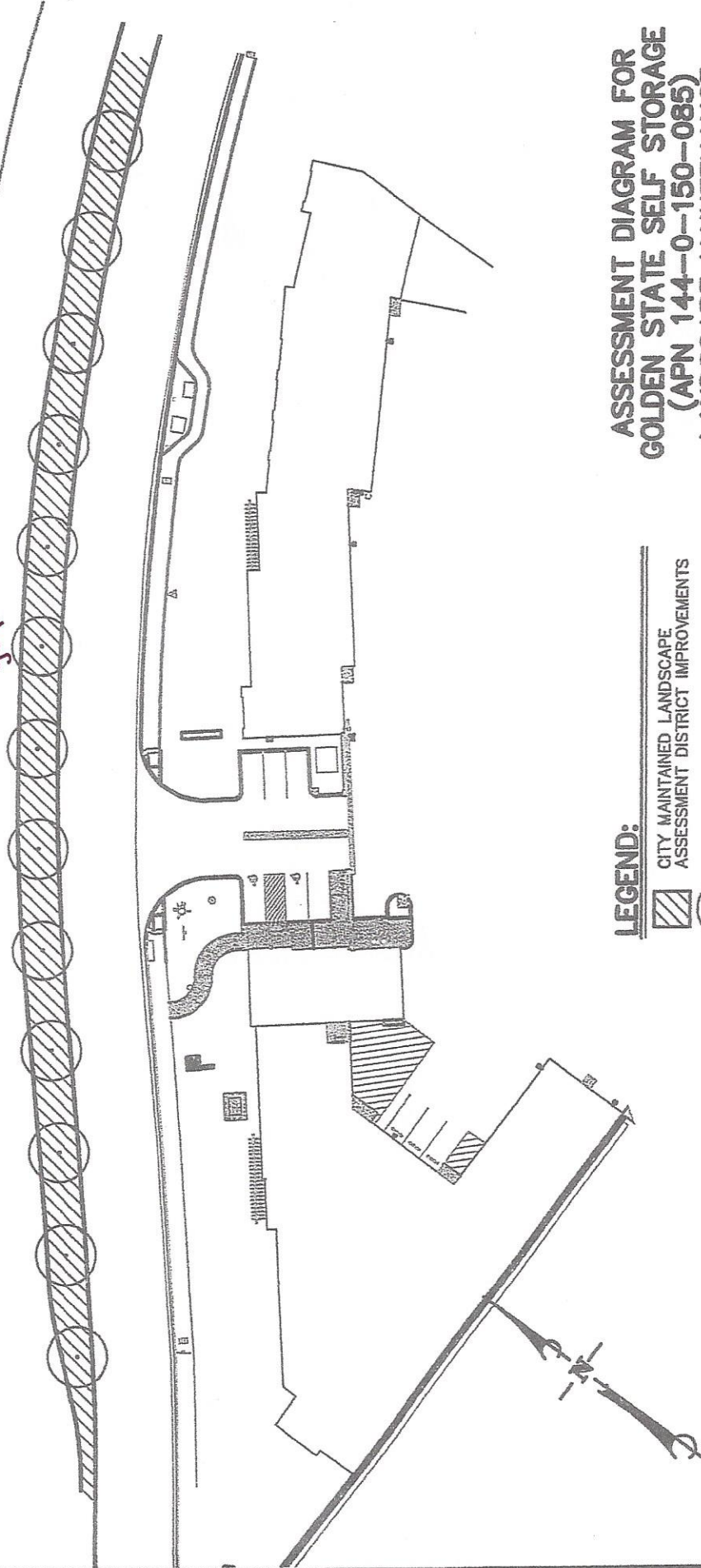
OTHER

NO SIGNIFICANT DEFICIENCIES NOTED

INSPECTOR'S SIGNATURE: <i>Cervante</i>	DATE: 8/31/16	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH. CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE:
REVIEW ADMINISTRATOR'S SIGNATURE:	DATE:	

8/31/16


Trash  
check irrigation, needs more water  
Dead leaf  
remove vine from shrubs  
dead ground cover  
gopher



**ASSESSMENT DIAGRAM FOR  
GOLDEN STATE SELF STORAGE  
(APN 144-0-150-085)  
LANDSCAPE MAINTENANCE  
ASSESSMENT DISTRICT #57**

COUNTY OF VENTURA  
STATE OF CALIFORNIA  
NOVEMBER 2005  
**SHEET 1 OF 1**

**LEGEND:**

-  CITY MAINTAINED LANDSCAPE ASSESSMENT DISTRICT IMPROVEMENTS
-  CITY MAINTAINED STREET TREE