

**LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST**

LOCATION/ DISTRICT NUMBER: <i>#44 AMERICAN PACIFIC HOMES</i>	DATE: <i>3-29-17</i>
	FOLLOW UP DATE:
CONTRACTOR: <i>KAMERO LANDSCAPING</i>	INSPECTOR: <i>W SMITH</i>
	CONTRACTOR REP: <i>J GUTIEREZ</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.

	<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
<b>IRRIGATION:</b>			
Breaks/Leaks			
Poor Coverage			
Too Wet			
Too Dry <i>ALL TURF</i>			
<b>WEEDS:</b>			
Planters			
Medians			
Turf <i>ALL</i>			
Hardscapes			
<b>SHRUBBERY:</b>			
Hedge Trim/Shape			
Dead Material			
Poor Health			
<b>IVY:</b>			
Trim			
Poor Health			
Detachment			
<b>TREES:</b>			
Pruning			
Poor Health/Dead			
Stalks			
<b>TURF:</b>			
Mow/Edge			
Poor Health			
Other			

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Locations

History

Follow-up/Status

GROUND COVER/ PLANT BEDS:			
Overgrown			
Dead			
Poor Health			

PESTS:			
Gopher			
Insect			
Other			

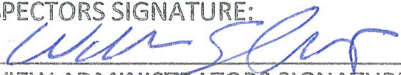
RESTROOMS: NA			
Not Clean			
Faulty Plumbing			
Faulty Electrical			

WALKWAYS/PATHS:			
Obstruction/Trip			
Fiber Coverage			
Dog Bags			
Fountains			
Exercise Stations			
Faulty Lighting			

VANDALISM:			
Graffiti			
Missing/Damaged items			

MISC:			
Trash			
Excessive Leaf Litter			
Hazardous Item			
Other			

/ Turf Fertilizer Due (6x Per Yr)		October Aearification Due		May Aerification Due
/ Spring Broad Leaf Turf Pesticide Application Due		Fall Broad Leaf Turf Pesticide Application Due		October Dethatch Due
/ Shrub & Ground Cover Fertilizers Due (3x Per Yr)		/ Palm Fertilizer Due (3x Per Yr)		

INSPECTORS SIGNATURE: 	DATE: 3-29-17	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SIGNATURE:	DATE:	CONTRACTOR/REPRESENTATIVE SIGNATURE: 