



For City Staff Use Only	
LP #:	Date Submitted:
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LANDSCAPE PERMIT

The City of Lake Elsinore’s Municipal Code (LEMC) requires that all permanent new and rehabilitated landscape associated with Commercial, Industrial, and Residential developments. The permanent landscape shall be designed in accordance with Chapter 19.08 of the Lake Elsinore Municipal Code.

PROPERTY INFORMATION

Address:	APN:
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Current Use & Condition:

PROJECT INFORMATION

Describe proposed work (Attach separate sheet if additional space is needed):

CONTACT INFORMATION

Property Owner	Applicant
Name:	Name:
Mailing Address:	Mailing Address:
City/State/Zip Code:	City/State/Zip Code:
Phone:	Phone:
Email:	Email:
Landscape Architect	Project Manager
Name:	Name:
Mailing Address:	Mailing Address:
City/State/Zip Code:	City/State/Zip Code:
Phone:	Phone:
Email:	Email:

APPLICANT SIGNATURE

The undersigned hereby certifies that all the information in this application is true and correct; that the signatures represent all the property owners of record or authorized agent; and that permission is hereby granted to the City to inspect the property to ensure compliance with this approval and applicable City requirements.

Property Owner(s)

Name (Print):	Signature:	Date:
Name (Print):	Signature:	Date:

Authorized Agent

Name (Print):	Signature:	Date:
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Landscape Architect

Name (Print):	Signature:	Date:
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PLAN SUBMITTAL REQUIREMENTS

All landscape plans shall consistent with Chapter 19.08 of the Lake Elsinore Municipal Code and any applicable Condition of approval. Plans shall be on 24"X36" paper and drawn to scale.

Planting plans shall identify the following:

- New trees, existing trees (designated to be either protected or removed), shrubs, ground covers, and turf areas
- Designation of hydrozones
- Maximum Applied Water Allowance (MAWA)

Irrigation Plans shall identify the following:

- Head placement
- Controller placement,
- Backflow prevention device
- Location of rainfall sensor
- Location of soil moisture sensor

Soil Management Plan

- Soil type
- Identification of limiting soil characteristics
- Identification of planned soil management actions to remediate limiting soil characteristics

Reviewed/Approved By:

Name (Print):	Signature:	Date:
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