

Professional (Individual or Corporation)

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

PROCESS NUMBER _____

Legal description: Lot _____, Block _____, Subdivision _____
P.B. 1 Page 84, Development name GALLOWAY MEDICAL BUILDING
Located at (address) S.W. 76TH ST. &

I/We hereby certify that the landscaping/irrigation plan being submitted for the above captioned complies with the requirements of Ordinance 98-13 (landscaping ordinance) as to species, height, trunk width and location at time of planting, and that the species as shown are in accordance with the accepted species approved by Miami-Dade County and that none of the species are from the prohibited list.

I/We hereby certify as an arborist and/or landscape architect that there are/are no (circle one) specimen trees on the property.

Additionally automatic sprinkler system (if applicable) comply with requirement of said ordinance as to type of heads, spray system, location, etc.

I/We further certify that I/we am/are authorized under Chapter 481, Florida statutes to prepare and submit this landscaping/irrigation plan.

[Handwritten Signature]

Seal:

Professional Preparer's Signature

Angel Milanes
Print Name

STATE OF Florida
COUNTY OF Miami-Dade

The foregoing instrument was acknowledged before me this 7th day of May, 2007, by Angel Milanes, of Bellon Milanes Architects Planners a Florida corporation, on behalf of the corporation. He/She is personally known to me or has produced _____, as identification and did/did not take an oath.

Witness my signature and official seal this 7th day of May, 2007, in the County and State aforesaid, the date and year last aforesaid.

[Notary Seal]
Notary Public
Doranne E. Mulindwa
Print Name

My Commission Expires:

Professional (Individual or Corporation)

PROFESSIONAL PREPARER'S STATEMENT OF LANDSCAPING COMPLIANCE

PROCESS NUMBER _____

Legal description: Lot _____, Block _____, Subdivision _____

P.B. _____ Page _____, Development Name Exhowsf Med. Plaza

Located at (address) _____

I/We hereby certify that the landscaping/irrigation plan being submitted for the above captioned complies with the requirements of Ordinance 98-13 (landscaping ordinance) as to species, height. Trunk width and location at time of planting, and the species as shown are in accordance with the accepted species approved by Miami-Dade County, and that none of the species are from the prohibited list.

I/We hereby certify that as an arborist and/or landscape architect that there are/are no (circle one) specimen trees on the property.

Additionally automatic sprinkler systems (if applicable) comply with the requirement of said ordinance as to the type of heads, sprays system, location, etc.

I further certify that I/We am/are authorized under Chapter 481, Florida statues to prepare and submit this landscaping/irrigation plan.

Professional Preparer's Signature
Angel Milanés, AIA

State of Florida
County of Miami-Dade

The foregoing instrument was acknowledged before me this 7th day of February, 2007, by Angel Milanés, of Bellon Milanés Architects Planners, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me, and did/did not take an oath.

Witness my signature and official seal this 7th day of February, 2007 in the County and state aforesaid, the date and year last aforesaid.

Notary Public



Dorianne Mulindwa
Print Name

My Commission Expires: