

PRIOR TO PLANTING – LANDSCAPING

SUBDIVISION FILE NUMBER	
DATE OF INSPECTION	
PERSONS PRESENT AT INSPECTION	
LOCATION/STAGE/SECTION	

CHECKLIST ITEMS	CHECKS BEEN COMPLETED			COMMENTS
	YES	NO	NOT REQUIRED	
Weeds removed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Topsoiling in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mulching of acceptable composition in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Watering system in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Civil Works complete. (i.e. outfall to wetlands, footpaths through parks etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consent to proceed to next stage	<input type="checkbox"/>	<input type="checkbox"/>		

ADDITIONAL COMMENTS

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COUNCIL REPRESENTATIVE NAME	
COUNCIL REPRESENTATIVE SIGNATURE	
DEVELOPER REPRESENTATIVE NAME	
DEVELOPER REPRESENTATIVE SIGNATURE	