



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION



Landscape Design Unit Submittal
LANDSCAPE SEEDING

Project Number: _____ Date: _____

Project Name: _____

General Contractor: _____

Landscape Contractor: _____

Submitter Name: _____

Submitter Email: _____

Submitter Phone Number: _____

I, _____ representative of _____ hereby certify that the information submitted herein for review conforms to all aspects of the Contract, including sections 9.49 and M.13 of The Standard Specifications for Roads, Bridges, Facilities and Incidental Construction, Form _____ dated _____, Supplemental Specifications dated _____, as well as Contract Special Provisions, and notes and other information on the Contract Plans.

Seeding Information:

Item Number: _____

Item Name: _____

Item Quantity: _____

Supplier's seed mix data attached

Department Response

	Comments:
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