## COMMITMENT FOR MAINTENANCE OF PLANT MATERIALS

WHEREAS, \_\_\_\_\_, hereinafter referred to as Applicant, has received approval from Martin County, hereinafter referred to as County, for a project known as \_\_\_\_\_; and

**WHEREAS**, Applicant is responsible for the proper installation and maintenance of certain required landscaping for the referenced project.

NOW THEREFORE, the Applicant agrees as follows:

- 1. The Applicant hereby warrants and guarantees a survival rate of one hundred percent (100%) for all required landscaping as set forth on the approved landscape plan for the project, for a period of twenty-four (24) months following the certification of installation by the landscape architect.
- In order to ensure adequate maintenance and survivability, the Applicant shall provide the County with security in the amount of \$\_\_\_\_\_\_, which represents fifty percent (50%) of the supply and installation cost of the required landscape material. Attached Exhibit A sets forth the supply and installation cost of the landscape material. A copy of the security is attached as Exhibit B.
- 3. The required landscaping shall be maintained in full compliance with the approved landscape plan, specifications and requirements of the County. At the completion of the twenty-four (24) month period, the security shall be released upon inspection and approval by the Growth Management Department.
- 4. In the event the required landscape material is not maintained in compliance with this Commitment, the County shall have and is hereby granted the right to cause the required landscaping to be installed, monitored and maintained, and to use the security provided for payment of all costs and expenses incurred in the completion thereof, including but not limited to, engineering, consultant, legal and contingent costs. Furthermore, it is agreed by the parties hereto that the County shall be reimbursed from the security provided for any damages, either direct or consequential, which the County may sustain as a result of the failure of Applicant to carry out and execute all of the provisions of this Commitment. The County shall have the option to complete the required landscaping with County employees and equipment, or pursuant to public advertisement and receipt of bids, in the event of Owner's failure or refusal to do so in accordance with the terms of this

Commitment. In the event that the total costs incurred by the County exceed the amount of security provided, such additional costs shall be paid by Applicant on written demand by the Growth Management Department.

- 5. The Applicant is responsible for requesting inspections consistent with the timetables established herein.
- 6. Applicant designates the following person as its representative to be contacted and to receive all notices regarding this Commitment:

| Name            |       |     |
|-----------------|-------|-----|
| Address         |       |     |
| City            | State | Zip |
| Telephone numbe | r     |     |
| E-mail Address  |       |     |

The date of this Commitment shall be the date on which this Commitment was executed by the Applicant.

(For an individual acting in his own right)

"APPLICANT"

## WITNESSES

| Sign:         | Sign:         |
|---------------|---------------|
| Name printed: | Name printed: |
|               | Address:      |
| c'            |               |
| Sign:         |               |
| Name printed: | Dated:        |
|               |               |
|               |               |
|               |               |

STATE OF

COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, by means of \_\_\_\_\_ personal appearance or \_\_\_\_\_ online notarization appeared \_\_\_\_\_\_\_, to me known to be the person described herein and who executed the foregoing, and acknowledged before me that he executed same. He is [\_] personally known to me or [\_] has produced \_\_\_\_\_\_ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 202\_.

(SEAL/STAMP)

Notary Public My Commission Expires:\_\_\_\_\_ (For a corporation)

### "APPLICANT"

#### WITNESSES

Sign: \_\_\_\_\_\_ Name printed:

Sign: \_\_\_\_\_\_ Name printed: Corporation name:

| Sign:  |               |
|--------|---------------|
| Title: |               |
|        | Name printed: |
| Addre  | ss:           |

Attest:

| [CORPORATE SEAL] |
|------------------|
|------------------|

Sign: \_\_\_\_\_ Secretary Name printed:

Dated:

STATE OF

COUNTY OF

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, by means of \_\_\_\_\_\_ personal appearance or \_\_\_\_\_\_\_, to me known to be the person described herein and who executed the foregoing, and acknowledged before me that he executed same. He is [\_] personally known to me or [\_] has produced\_\_\_\_\_\_

as identification.

|    | WITNESS my hand and official seal in the County and State last aforesaid this _ | day |
|----|---|-----|
| of | , 202   |     |

(SEAL/STAMP)

Notary Public My Commission Expires:\_\_\_\_\_

# EXHIBIT "A"

## COST ESTIMATE

EXHIBIT "B"

SECURITY