



## Project Information Sheet 1 of 2

Project Name: \_\_\_\_\_

Owner/Client: \_\_\_\_\_

Project Address: \_\_\_\_\_

\_\_\_\_\_

Installed By: \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

### Type of System:

Select Appropriate System:

Extensive Greenroof

Intensive Greenroof

Hybrid Greenroof

Area \_\_\_\_\_ (sq.ft.)

Area \_\_\_\_\_ (sq.ft.)

Area \_\_\_\_\_ (sq.ft.)

### Growth Medium & Vegetation:

Growth Medium Vendor: \_\_\_\_\_

Type: \_\_\_\_\_

Organic Material: \_\_\_\_\_%

Depth: \_\_\_\_\_ (inches)

Select Vegetative System(s) Used:

Plant in Place

Pre-Vegetated Modular Tray

Pre-Vegetated Mat

Area \_\_\_\_\_ (sq.ft.)

Total \_\_\_\_\_ (units)

Total \_\_\_\_\_ (units)

Plant Vendor: \_\_\_\_\_

List Species Used:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## Project Information Sheet 2 of 2

### Irrigation System:

Manufacturer: \_\_\_\_\_

Select Appropriate System:

- Soaker or Drip Hose                       Sprinkler                       Misting System

Note: Please Attach An Irrigation Layout If Available

### Climate Conditions:

Climatic Zone Of Project: \_\_\_\_\_ (USDA Zone)

Describe Any Micro-Climates That Exist on Project Site: \_\_\_\_\_

\_\_\_\_\_

### Accessibility:

Select Appropriate Choice:

- Public Access       Private Access       Maintenance Personnel Only       Residential

### Roof Conditions:

Roof Elevation (Number of Stories): \_\_\_\_\_

Select Appropriate Roof Type:

- |                               |  |  |
|-------------------------------|--|--|
| <input type="checkbox"/> Flat | <input type="checkbox"/> Sloped $\leq$ 25% | <input type="checkbox"/> Sloped $\geq$ 25% |
| % _____                       | % _____                                    | % _____                                    |
| Area _____ (sq.ft.)           | Area _____ (sq.ft.)                        | Area _____ (sq.ft.)                        |

Description of Waterproofing Used: \_\_\_\_\_

### Green Roof System Manger:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_



## Maintenance Schedule

System: Greenroof

Type (Circle One):     Extensive     Intensive     Hybrid

Maintenance Description:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Check Irrigation Schedule (Adjust If Required)												
Irrigation Startup & Winterization (Spring & Fall Only)												
Inspect Irrigation System for Leaks, Loose Fittings or Malfunctions												
Inspect Plant Health (Prune & Deadhead Perennials If Required)												
Weed Vegetated Areas & Dispose of Weeds												
Inspect & Clear Drains												
Remove Debris from Greenroof												
Fertilize												
Apply Lightweight Preventative Fungicide												
Take Plant Cuttings To Ensure Uniform Vegetation Coverage												

= Proposed Maintenance Action      X = Completed Maintenance Action



## Maintenance Checklist

Date of Inspection: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Site Contact: \_\_\_\_\_  
Site Phone: \_\_\_\_\_

■ Time In: \_\_\_\_\_ ■ Time Out: \_\_\_\_\_

Item	Required	Comments
Weeding	<input type="checkbox"/>	
Fertilization	<input type="checkbox"/>	
Planting	<input type="checkbox"/>	
Garbage Removal	<input type="checkbox"/>	
Drain Inspections	<input type="checkbox"/>	
Irrigation Test	<input type="checkbox"/>	
Irrigation Adjustment	<input type="checkbox"/>	
Repairs	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Travel Time: \_\_\_\_\_

Date of Next Inspection (week of): \_\_\_\_\_

Maintenance Actions for Next Inspection: \_\_\_\_\_

\_\_\_\_\_

Current Irrigation Program: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Site Contact Signature: \_\_\_\_\_



## Operations & Maintenance Contract

This document of agreement is between **Capitol Greenroofs, LLC** and \_\_\_\_\_  
regarding the operations and maintenance of the Greenroof System located at \_\_\_\_\_  
\_\_\_\_\_ and installed during the following dates  
(MM/DD/YYYY) \_\_\_\_\_ by \_\_\_\_\_.

### Contract Terms and Conditions:

Contract Duration: (MM/DD/YYYY) \_\_\_\_\_ to (MM/DD/YYYY) \_\_\_\_\_

Maintenance will be performed on a \_\_\_\_\_ basis, for a total of \_\_\_\_\_ visits per year. This will be called out on the Operations and Maintenance Schedule which shall accompany this document.

Operations and Maintenance procedures may include but are not limited to the following:

- Comprehensive assessment of Greenroof System components (i.e. irrigation system, soil conditions, vegetation vitality/coverage, and changes in micro-climate conditions)
- Removal of foreign objects/invasive species
- Inspection of Vegetation Free Zones
- Inspection of Roof conditions (i.e. waterproof membrane and drainage components)

If this contract is an extension of an existing contract, proof of existing contract shall be provided. (i.e. the original agreement and maintenance reports)

A record of each visit shall be kept by Capitol Greenroofs, LLC and copy provided to aforementioned client should there be any future warranty claims.

### Signatures:

**Capitol Greenroofs, LLC:** Print \_\_\_\_\_

Signature \_\_\_\_\_

**Client Representative:** Print \_\_\_\_\_

Signature \_\_\_\_\_