

FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities

CERTIFICATE OF FINAL INSPECTION

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| TO: Office of Educational Facilities (OEF) 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 (850) 245-0494 Fax (850) 245-9236 or (850) 245-9304 | OEF USE ONLY |
| INSTRUCTIONS: Submit for OEF files one copy of the completed form for all projects with construction costs exceeding \$300,000. Mark the appropriate term within the parentheses. Reproduce this form in sufficient quantity for your use. Section 1013.37(2)(c), F.S. | |

RE: _____ OEF Assigned Project Number _____

Brevard Public Schools _____ (X School District Florida College)

Coquina Elementary School _____ (X School Name Campus)

6 _____ (X School College) Code Number _____

Facility Renewal _____ Description of Project _____

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (Architect Engineer) as certified in Section B below, in accordance with Chapter 1013, F.S., THE BOARD ACCEPTED the above-referenced project on _____.

Name (Type or Print) Dr. Mark W. Mullins, Ed. D.

Signature: _____ Date: February 25, 2020

(X Superintendent President)

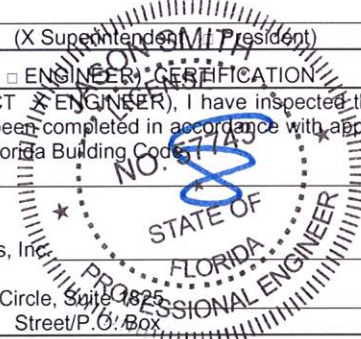
SECTION B: (ARCHITECT ENGINEER) CERTIFICATION

As PROJECT (ARCHITECT ENGINEER), I have inspected this project and, in my considered professional opinion, the work required by the contract for this project has been completed in accordance with approved contract documents; Chapter 1013, Florida Statutes; Rule 6A-2.0010, FAC; Chapter 553, F.S.; and the Florida Building Code.

Signature: _____ Date: 1/25/20

Firm Name: OCI Associates, Inc.

Address: 427 CenterPoint Circle, Suite 1825 Altamonte Springs, FL 32701
Street/P.O. Box City State Zip



SECTION C: Building Official Other (Specify) Certification

I have inspected the project, and in my considered opinion, it is complete and in accordance with applicable statutes, rules, and codes.

Name (Type or Print) David M. Olivieri

Signature: _____ Date: 2/4/2020

X Building Official Certified Inspector

SECTION D: FACILITY INFORMATION.

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| 1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> _____ | 2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If "No," explain: _____ |
| 3. SOURCE OF FUNDS: <input checked="" type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____ | 4. ADJUSTED FINAL CONTRACT AMOUNT: \$ 1,998,868.81 5. PROJECT GROSS SQUARE FOOTAGE: 54,690 SQ. FT. |
| 6. COST PER GROSS SQUARE FOOT: \$ _____ | 7. COST PER STUDENT STATION: \$ _____ |

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: March 27, 2018 COMPLETION DATE: November 7, 2018

9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).

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|--|-------------------------|
| C.O. No. <u>1</u> \$ <u>43,254.60</u> | C.O. No. _____ \$ _____ |
| C.O. No. <u>2</u> \$ <u>(2,594.42)</u> | C.O. No. _____ \$ _____ |
| C.O. No. _____ \$ _____ | C.O. No. _____ \$ _____ |
| C.O. No. _____ \$ _____ | C.O. No. _____ \$ _____ |

10. Date of Occupancy: August 8, 2018

11. Additional Information:

Change Order No. 2 (Closeout) includes unused balance of \$2,594.42.