

FLORIDA DEPARTMENT OF EDUCATION  
Office of Educational Facilities

**CERTIFICATE OF FINAL INSPECTION**

<b>TO:</b> 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	<b>OEF USE ONLY</b>
<b>INSTRUCTIONS:</b> 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 \_\_\_\_\_ (  School District  Florida College )  
 Dr. W. J. Creel Elementary School \_\_\_\_\_ (  School Name  Campus )  
 75 \_\_\_\_\_ (  School  College ) Code Number  
 Building Code Facility Improvements - DSS Cluster C Fire Suppression - CO #1 \_\_\_\_\_ 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 August 24, 2021.

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

Signature: \_\_\_\_\_ Date: August 24, 2021  
 (  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: \_\_\_\_\_

Firm Name: TLC Engineering Solutions

Address: 7370 Cabot Court, Suite 103 Melbourne, Fl. 32940  
 \_\_\_\_\_ Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_


**SECTION C:  Building Official  Other (Specify) Certification BU 1970**

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, CBO, CFM

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

(  Building Official  Certified Inspector )



c=US, o=Unaffiliated, ou=A01410C00001717E884FF3000005AF, cn=David M Olivieri  
 This item has been digitally signed and sealed by David M. Olivieri on the date adjacent to the seal.  
 Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.  
 Date: 08-30-16 04:00

**SECTION D: FACILITY INFORMATION.**

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: \$ <b>385,698.15</b> 5. PROJECT GROSS SQUARE FOOTAGE: <u>57,440</u> SQ. FT. 6. COST PER GROSS SQUARE FOOT: \$ _____ 7. COST PER STUDENT STATION: \$ _____

**CERTIFICATE OF FINAL INSPECTION (CFI)**

8. BUILDING CONTRACT DATE: July 14, 2020 COMPLETION DATE: December 7, 2020

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

C.O. No. <u>1</u>	\$ <u>(12,029.85)</u>	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____

10. Date of Occupancy: Never unoccupied

11. Additional Information:  
Change Order #1 (Closeout) \$12,029.85 unused funds.