

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 _____

_____ (School District Florida College)

_____ (School Name Campus)

_____ (School College) Code Number _____

_____ 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 September 22, 2020.

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

Signature: _____ Date: September 22, 2020

(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: September 01, 2020

Firm Name: TLC Engineering Solutions

Address: 6300 North Wickham Road, Suite 132C FL 32940

Street/P.O. Box _____ City _____ State _____ Zip _____



SECTION C: Building Official Other (Specify) Certification BU1970

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: _____ Date: _____

(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: \$ 2,276,312.00 5. PROJECT GROSS SQUARE FOOTAGE: 176,654 SQ. FT. 6. COST PER GROSS SQUARE FOOT: \$ _____ |
| | 7. COST PER STUDENT STATION: \$ _____ |

CERTIFICATE OF FINAL INSPECTION (CFI)

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|--|------------------------|--|----------|
| 8. BUILDING CONTRACT DATE: <u>February 20, 2019</u> | | COMPLETION DATE: <u>October 28, 2019</u> | |
| 9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts). | | | |
| C.O. No. <u>1</u> | \$ <u>(596,740.00)</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: <u>August 1, 2019</u> | | | |
| 11. Additional Information: Change Order No. 1 (Closeout) includes Owner Direct Purchase amount of \$511,471.00 and \$85,269.00 unused funds. | | | |