

FLORIDA DEPARTMENT OF EDUCATION  
Office of Educational Facilities

**CERTIFICATE OF FINAL INSPECTION**

|  |                     |
|--|---------------------|
| TO: Office of Educational Facilities (OEF)<br>325 West Gaines Street, Room 1054<br>Tallahassee, Florida 32399-0400<br>(850) 245-0494<br>Fax (850) 245-9236 or (850) 245-9304   | <b>OEF USE ONLY</b> |
| 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)

Melbourne High School \_\_\_\_\_ (X School Name  Campus)

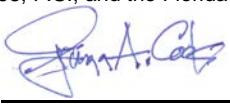
28 \_\_\_\_\_ (X School  College) Code Number \_\_\_\_\_

Intercom Renewal \_\_\_\_\_ Description of Project \_\_\_\_\_

**SECTION A: BOARD'S ACCEPTANCE**

|   |                                    |
|---|------------------------------------|
| Upon the recommendation of our Project ( <input type="checkbox"/> Architect <input checked="" type="checkbox"/> Engineer) as certified in Section B below, in accordance with Chapter 1013, F.S., THE BOARD ACCEPTED the above-referenced project on <u>June 30</u> , <u>2020</u> |                                    |
| Name (Type or Print) <u>Mark W. Mullins, Ed. D.</u>   |                                    |
| Signature: _____  | Date: <u>June 30</u> , <u>2020</u> |
| <input checked="" type="checkbox"/> (X Superintendent) <input type="checkbox"/> (President)   |                                    |

**SECTION B: ( ARCHITECT  ENGINEER) CERTIFICATION**

|   |  |   |  |
|---|--|---|--|
| As PROJECT ( <input type="checkbox"/> ARCHITECT <input checked="" type="checkbox"/> 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: <u>June 15, 2020</u>              |  |
| Firm Name: <u>Premier Engineering Group, LLC</u>  |  |   |  |
| Address: <u>410 W. Nine Mile Road, Suite A</u>  |  | <u>Pensacola</u> <u>FL</u> <u>32534</u> |  |
| 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) <u>David M. Olivieri, CBO, CFM</u>  |             |
| Signature: _____   | Date: _____ |
| <input checked="" type="checkbox"/> (X Building Official) <input type="checkbox"/> (Certified Inspector)                                 |             |

**SECTION D: FACILITY INFORMATION.**

|  |   |
|--|---|
| 1. TYPE OF PROJECT: <input type="checkbox"/> New Plant<br><input type="checkbox"/> Addition <input type="checkbox"/> Remodeling<br><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<br>If "No," explain: _____ |
| 3. SOURCE OF FUNDS:<br><input checked="" type="checkbox"/> Local <input type="checkbox"/> State<br><input type="checkbox"/> Federal <input type="checkbox"/> _____   | 4. ADJUSTED FINAL CONTRACT AMOUNT: \$ <u>229,806.32</u>   |
|  | 5. PROJECT GROSS SQUARE FOOTAGE: <u>333,756 SQ. FT.</u>   |
|  | 6. COST PER GROSS SQUARE FOOT: \$ _____   |
|  | 7. COST PER STUDENT STATION: \$ _____   |

## CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: May 28, 2019 COMPLETION DATE: December 7, 2019

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

|  |                         |
|--|-------------------------|
| C.O. No. <u>1</u> \$ <u>(194,419.52)</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 No. 1 (Closeout) includes Owner Direct Purchase amount of \$175,000.00 and \$19,419.52 unused funds.