

FLORIDA DEPARTMENT OF EDUCATION  
Office of Educational Facilities

**CERTIFICATE OF FINAL INSPECTION**

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 \_\_\_\_\_

\_\_\_\_\_ (X School District  Florida College)

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

B-2122-02 ; B-2122-03 \_\_\_\_\_ (X School  College) Code Number

\_\_\_\_\_ Description of Project

**SECTION A: BOARD'S ACCEPTANCE**

Upon the recommendation of our Project ( Architect X Engineer) as certified in Section B below, in accordance with Chapter 1013, F.S., THE BOARD ACCEPTED the above-referenced project on \_\_\_\_\_ January 24, 2023 \_\_\_\_\_

Name (Type or Print) \_\_\_\_\_ Robert E. Schiller, Ed.D., Interim Superintendent \_\_\_\_\_

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

(X Superintendent  President)

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

As PROJECT (  ARCHITECT X 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: 11-15-23 \_\_\_\_\_

Firm Name: \_\_\_\_\_ TLC \_\_\_\_\_

Address: 7370 Cabot Ct. Ste 103 \_\_\_\_\_ Melbourne \_\_\_\_\_ FL \_\_\_\_\_ 32940 \_\_\_\_\_

Street/P.O. Box      City      State      Zip

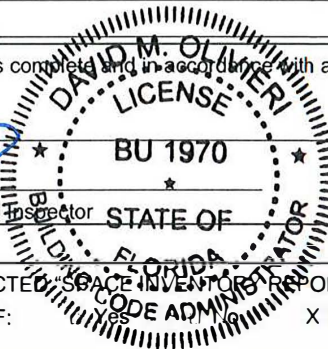
**SECTION C: X Building Official  Other (Specify) Certification**

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

Name (Type or Print) David M. Olivieri, CBO, CFM \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 1/5/2023 \_\_\_\_\_

X Building Official  Certified Inspector



**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: _____ X 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: \$403,987.69 5. PROJECT GROSS SQUARE FOOTAGE: _____ SQ. FT. 6. COST PER GROSS SQUARE FOOT: \$ _____ 7. COST PER STUDENT STATION: \$ _____

## CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: March 23, 2021 COMPLETION DATE: September 30, 2021

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

C.O. No. <u>1</u> \$ <u>(168,020.02)</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: August 31, 2021

11. Additional Information:

Change Order No. 1 (closeout) includes \$97,940.90 in Owner Direct Purchases and \$70,079.12 unused funds.