

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 _____
 _____ (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 _____, _____

Name (Type or Print) _____

Signature: _____ Date: _____
 (Superintendent President)

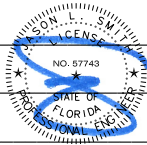
SECTION B: (ARCHITECT ENGINEER) CERTIFICATION

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: _____

Address: _____
 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) _____

Signature: _____ Date: _____
 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 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 type="checkbox"/> N/A If "No," explain: _____
3. SOURCE OF FUNDS: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____	4. ADJUSTED FINAL CONTRACT AMOUNT: \$ _____ 5. PROJECT GROSS SQUARE FOOTAGE: _____ SQ. FT. 6. COST PER GROSS SQUARE FOOT: \$ _____
	7. COST PER STUDENT STATION: \$ _____

This item has been electronically signed and sealed by Jason Smith, PE on 08/17/2022 using a Digital Signature. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: _____ COMPLETION DATE: _____

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

C.O. No. _____	\$ _____	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: _____

11. Additional Information: