

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)

_____ (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) _____ Robert E. Schiller, Ed.D. _____

Signature: _____ Date: _____

(X Interim 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: _____ *Perez Spano* _____ Date: _____ *4-10-23* _____

No. 89827

★

STATE OF

FLORIDA

PROFESSIONAL ENGINEER

Firm Name: _____ Gale Associates, Inc. _____

_____ 160 N Westmonte Dr. #1200 AltamontSprings FL 32714 _____

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

SECTION C: X Building Official Other (Specify) _____

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. Oliveri, CBO, CFM _____

Signature: _____ Date: _____ *5/2/2023* _____

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 CODE BOOK: <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: \$953,737.50 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: <u>October 26, 2021</u> COMPLETION DATE: <u>September 30, 2022</u>	
9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).	
C.O. No. <u>1</u> \$ <u>255,037.00</u>	C.O. No. _____ \$ _____
C.O. No. <u>2</u> \$ <u>59,266.00</u>	C.O. No. _____ \$ _____
C.O. No. <u>3</u> \$ <u>21,596.00</u>	C.O. No. _____ \$ _____
C.O. No. <u>4</u> \$ <u>(132,895.50)</u>	C.O. No. _____ \$ _____
10. Date of Occupancy: <u>never unoccupied</u>	
11. Additional Information:	
Change Order No. 41 (closeout) includes \$128,602.50 owner direct purchases and \$4,293.00 unused funds.	
<i>B-2122-79</i>	