

FLORIDA DEPARTMENT OF EDUCATION  
Office of Educational Facilities

**CERTIFICATE OF FINAL INSPECTION**

<b>TO:</b> 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	<b>OEF USE ONLY</b>
<b>INSTRUCTIONS:</b> 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)

Johnson Middle School (x School Name  Campus)

B-2122-102 ( School  College) Code Number

Roof Replacement 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 \_\_\_\_\_, \_\_\_\_\_

Name (Type or Print) \_\_\_\_\_

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

(X Superintendent  President)

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

As PROJECT (X 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: 5/4/2023

This item has been digitally signed and sealed by Joseph J. Williams, AIA, RRC on the date adjacent to the seal. Printed copies of this document are not considered signed and sealed and the signature must be verified on any electronic copies.

Firm Name: A/R/C Associates, Inc.

Address: 601 N. Fern Creek Ave. Suite 100 Orlando FL 32803

Street/P.O. Box City State Zip

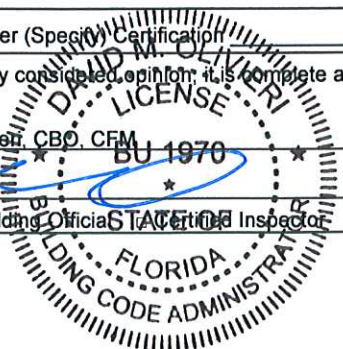
**SECTION C: X Building Official  Other (Specify) \_\_\_\_\_**

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. Olivieri, CBO, CFM

Signature: \_\_\_\_\_ Date: 6/6/2023

X Building Official  State Certified Inspector



## CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: December 14, 2021      COMPLETION DATE: October 26, 2022

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

C.O. No. <u>1</u> \$ <u>Time Ext. Only</u>	C.O. No. _____ \$ _____
C.O. No. <u>2</u> \$ <u>(127,727.14)</u>	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____

10. Date of Occupancy: September 14, 2022

11. Additional Information:

Change Order No. 2 (closeout) includes \$73,117.71 in Owner Direct Purchases and \$54,609.43 unused funds.

*β-2122-102*