

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) 245-0494 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 quantity for your use. Section 1013.37(2)(c), F.S.	

RE:	OEF Assigned Project Number
Brevard Public Schools	(X School District <input type="checkbox"/> Community College)
West Shore Jr./Sr. High School	(X School Name <input type="checkbox"/> Campus)
44	(X School <input type="checkbox"/> College) Code Number
Facility Renewal GMP#1	Description of Project

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (X Architect Engineer) in his certification in Section B below, in accordance with Chapter 1013, F.S., THE BOARD ACCEPTED the above-referenced project on _____

Name (Type or Print) Mark W. Mullins, Ed. D.

Signature: _____ Date: _____
(Superintendent President)

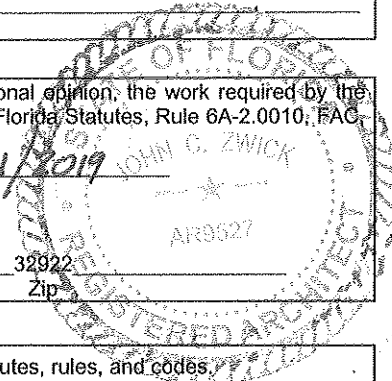
SECTION B: (X ARCHITECT ENGINEER) CERTIFICATION

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, FS, and the Florida Building Code.

Signature: *[Signature]* Date: 3/31/2019

Firm Name: ARCHITECTS RZK, Inc.

Address: 600 Florida Ave Cocoa FL 32922
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 complete and in accordance with applicable statutes, rules, and codes.

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

Signature: *[Signature]* Date: 10/28/2022

Building Official Certified Inspector

SECTION D: FACILITY INFORMATION.

1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Remodeling <input type="checkbox"/> Renovation <input type="checkbox"/> _____	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: X 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: \$1,348,444.62 5. PROJECT GROSS SQUARE FOOTAGE: GROSS SQ. FT. 6. COST PER GROSS SQUARE FOOT: \$ 7. COST PER STUDENT STATION: \$ NA

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: June COMPLETION DATE: August 08.

9. CHANGE ORDERS - List of each Change Order and amount:

C.O. No. ONE (01)	\$(651,184.38)	C.O. No. _____	\$ _____
C.O. No. TWO (02)	\$ _____	C.O. No. _____	\$ _____
C.O. No. THREE (03)	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____

10. Date of Occupancy: Never Unoccupied

11. Additional information:

Change Order #01 (Closeout) includes Owner Direct Purchase amount of \$467,298.54 and \$183,885.84 unused funds.