

**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)

    \_Roy Allen Elementary School \_\_\_\_\_ (X School Name  Campus)

    \_52 \_\_\_\_\_ (X School  College) Code Number

    \_Ice Tank Facility Renewal \_\_\_\_\_ 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) Mark W. Mullins, Ed. D.

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

(X 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: DDC Engineering

Address: 4083 South Highway 1, Suite 101 Rockledge Fl. 32955  
                                 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) David M. Olivieri, CBO, CFM BU1970

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 checked="" 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 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: \$ <span style="float: right;">400,419.00</span> 5. PROJECT GROSS SQUARE FOOTAGE: <span style="float: right;">SQ. FT.</span>
	6. COST PER GROSS SQUARE FOOT: \$ 7. COST PER STUDENT STATION: \$

## CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: \_\_\_\_\_ November 20, 2018 \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_ December 10, 2019 \_\_\_\_\_

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

C.O. No. <u>  1  </u> _____ \$ <u>(284,291.82)</u> _____	C.O. No. _____ \$ _____
C.O. No. <u>  2  </u> _____ \$ <u>Time Extension Only</u> _____	C.O. No. _____ \$ _____
C.O. No. <u>  3  </u> _____ \$ <u>(274.29)</u> _____	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____

10. Date of Occupancy: \_\_\_\_\_ Facility never unoccupied for construction. \_\_\_\_\_  
\_\_\_\_\_

11. Additional Information:

Change Order No. 3 (Closeout) includes Owner Direct Purchase amount of \$263,637.20 and \$20,928.91 unused funds.