FILE COPY EXHIBIT 9

Return completed form as needed to:
Office of Educational Facilities
325 West Gaines Street, Room 1054
Tallahassee, Florida 32399-0400
(850) 245-0494
Fax (850) 245-9236 or (850) 245-9304

FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities

CERTIFICATE OF OCCUPANCY

OEF USE ONLY

INSTRUCTIONS: Submit one copy of the completed form for each project over $300,000. Reproduce this form in sufficient quantity for your use.

RE: **School Board of Broward County** (X School District ☐ Florida College)

South Broward High School (X School Name ☐ Campus)

New Aquatic Facility Description of Project

EFIS # 0171 P001357 EFIS Number (If applicable)

In accordance with Section 1013.37(2)(c), Florida Statutes, and upon recommendation of the project architect/engineer and the certified inspector, as stated below, the subject project is ready for occupancy.

Signature: Robert W. Runcie for RR Date: _____
☒ Superintendent ☐ President ☐ Designee

Intended Occupancy Date: _____

PROJECT ARCHITECT/ENGINEER AND CERTIFIED INSPECTOR I have inspected the subject project and, to the best of my knowledge and ability, I have determined that the safety systems* and the facility are in compliance with statutes, rules, and codes affecting the health and safety of its occupants; and that no asbestos-containing materials were specified for use in this building, nor to the best of my knowledge were asbestos containing materials used in the construction of this project.

Architect or Engineer of Record:

N/A
High Performance Green Building Standard Used [S. 255.2575(2), F.S.] Rating Achieved

Name (Type or Print) **Jose L. Murguido** License # AR10670 Expiration Date

Signature: _____ ☒ Architect ☐ Engineer

Building Official:

Name (Type or Print) **Robert F. Hamberger** License # **BU1112** Expiration Date **11/30/15**

Signature: _____ 3/25/14

Contractor:

Name (Type or Print) **Joseph C. Cerrone III** License # **CGCA21702** Expiration Date **8/31/14**

~~Threshold Inspector~~ **(If applicable):**

Name (Type or Print) License # Expiration Date

Project Information As-built lowest floor elevation (for new construction) _____

Code/Edition **2010** Occupancy Type(s) **ED** Construction Type(s) II B Occupant Load 710

Automatic Sprinkler System Required X Y ___ N District/Florida College Permit Number **1001710009**

Special Permit Stipulations

*Safety systems include, but are not limited to: exiting; safety; rescue; fire rating; fire protection; means of egress; master valves; eye wash and dousing shower in science labs; emergency disconnects in shops; fume and dust collection systems; heat and smoke detectors, stage protection including curtain operation, smoke vent, sprinklers, etc.; kitchen hood; fire sprinklers; smoke venting; illumination of means of egress; emergency lighting; emergency power; exit lights; fire alarm systems with required incidental functions; fire extinguishers; fuel fired heaters; electrical illumination; electrical system required ventilation; toilet facilities; kitchen hot water supply; water supply; and sewage disposal as they apply to this project.