

Return completed form as needed to:
Office of Educational Facilities
325 West Gaines Street, Room 1064
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

OEI 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, Florida
Bright Horizons
Project No. P.000154 a.k.a. 0871-9905
Additions & Alterations to HVAC

School District Florida (County)
 School Name Campus
Description of Project
EFIS Number (if applicable)

RECEIVED
FEB 10 2016
BUILDING DEPARTMENT

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: Mr. Robert W. Runcie *Robert W. Runcie* Date: 4-5-2016
 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:

Dyanki, Inc. d/b/a Morse Zehnter Associates
High Performance Green Building Standard Used [S. 255.2575(2), F.S.]
Roger G. Morse AR001209 Rating Achieved
Name (Type or Print) License # Expiration Date
2/28/17

Signature: _____
 Architect Engineer
Building Official:
Robert Hamberger BUI112 11/30/17
Name (Type or Print) License # Expiration Date

Signature: *Robert Hamberger* 3-18-16

Contractor:
Grace & Naeem Uddin, Inc. CGC052843 8/31/2016
Name (Type or Print) License # Expiration Date

Threshold Inspector (if applicable):
NA _____
Name (Type or Print) License # Expiration Date

Project Information As-built lowest floor elevation (for new construction)
Code/Edition 2004 Occupancy Type(s) N/A Construction Type(s) E Occupant Load N/A
Automatic Sprinkler System Required x Y N District/Florida College Permit Number 087105PR836PRP
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.