

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: Broward County Public Schools
Atlantic Technical Center
Roof Replacement Building 15
P.001383

School District Florida College
 School Name Campus
Description of Project
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  Date: 10/3/2017
 Superintendent President Designee

Intended Occupancy Date: September 24, 2012

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:

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

Irving Abcug 28376 02/28/19
Name (Type or Print) License # Expiration Date

Signature: _____
 Architect Engineer

Building Official:

Robert F. Hamberger BU1112 11/30/17
Name (Type or Print) License # Expiration Date

Signature:  SEP 19 2017

Contractor:

National Roofing South Florida, Inc. _____
Name (Type or Print) License # Expiration Date

Threshold Inspector (if applicable):

Name (Type or Print) License # Expiration Date

Project Information

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

Code/Edition 2007 Occupancy Type(s) N/A Construction Type(s) N/A Occupant Load N/A

Automatic Sprinkler System Required Y N District/Florida College Permit Number N/A

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.

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RE: Broward County (School District Community College)
McFatter Technical Center (School Name Campus)
Re Roof Bldg 3 Description of Project
P000857 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: [Signature]
 Superintendent President Designee

Date: 8/23/11

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* are working satisfactorily; the facility is 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:

High Performance Green Building Standard Used (S. 255.2575(2), F.S.) _____ Rating Achieved _____

[Signature] PE#28376 _____ 02/2013
Name (Type or Print) License # Expiration Date

Signature: [Signature]
 Architect Engineer

Building Official: [Signature] BU1112 11/30/11
Name (Type or Print) License # Expiration Date

Signature: [Signature] 8/18/11
Contractor: National Roofing Co., Inc CCC056894 08/2012
Name (Type or Print) License # Expiration Date

Threshold Inspector (if applicable):

Name (Type or Print) License # Expiration Date

Project Information

Code/Edition 2007 Occupancy Type(s) [X] Construction Type(s) [X] Occupant Load 14/A
Automatic Sprinkler System Required Y X N District/Community College Permit Number 0712910189
Special Permit Stipulations NO

*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.