## FLORIDA DEPARTMENT OF EDUCATION Office of Educational Facilities

## **CERTIFICATE OF FINAL INSPECTION**

3: T	Office of Education 25 West Gainer Floor 245 0494	s Street, Roor	n 1054		OE	F USE ONLY	
	850) 245-0494 (ax (850) 245-9	236 or (850) 2	45-9304				
				npleted form for all projects			
with cons	struction costs	exceeding \$30	0,000. Mark the a	ppropriate term within the			
		this form in	sufficient quantit	y for your use. Section			
1013.37(2	2)(C), F.S.						
RE:						OEF Assigned Project Number	
	Brow ard Coun	ty Public Scho	ols		( <sub>R</sub> S	chool District   Florida College)	
	Atlantic Techn	ical Center				(a School Name a Campus)	
	P.001383		(ox 5	School a College) Code Number			
	Roof Replace	ment Building	15		•	Description of Project	
SECTION A	- BOARD'S ACCE	DIANCE				Description of Freject	
SECTION A: BOARD'S ACCEPTANCE  Upon the recommendation of our Project ( Architect   Engineer) es certified in Section B below, in accordance with Chapter 1013, F.S., THE							
BOARD ACCEPTED the above-referenced project on							
Name (Typ	e or Print) Robe	it W. Runcie				1-1	
Signature:							
		(x Superintende	nt - President)				
SECTION B: (a ARCHITECT & ENGINEER) CERTIFICATION  As PROJECT (a ARCHITECT & ENGINEER), I have impected this project and, in my considered professional opinion, the work required by the							
As PROJE	CT (n ARCHITEC r this project has b	T ox ENGINEER een completed in	), I have inspected this accordance with appro	is project and, in my considered oved contract documents; Chapt	er 1013, Florida	inion, the work required by the structures; Rule 6A-2.0010, FAC;	
Chapter 55	3, F.S.; and the Flo				8/30/	2017	
Signature:_		-	11	Date: _	11	<u> </u>	
	: Irving Abcug		///				
Address:	3935 NW 126th			Coral Springs,	FL	33065	
		Street/P.O. Box		City	State	Zlp	
	∷ ⊗ Building Officia						
I have insp	ected the project, a	and in my conside	red opinion, It is compl	ete and in accordance with appli	cable statutes, ru	les, and codes.	
Name (Typ	e or Print) Robe	rt,F. Hamberg	ег				
and the same of th	11/	16 12			SEP	1 9 2017	
Signature:_	WY.	Pullding Offic	ial a Certified Inspec		ate:		
SECTION D	: FACILITY INFOR		dai a ceranica mapec	, ioi			
		New Plant	2. CORRECTED *	SPACE INVENTORY REPORT*	(land, building, ro	om) HAS BEEN FILED WITH	
□ Add		Remodeling	THE OEF:	□ Yes □ No 🕱 N/A			
a Rei	novation	Roof Replacement					
3. SOUF	RCE OF FUNDS:		4. ADJUSTED FIN	AL CONTRACT AMOUNT: \$ 4	14,829.00		
□ Loc	cal	state	5. PROJECT GRO	SS SQUARE FOOTAGE: N/A		SQ. FT.	
□ Fed	deral		6. COST PER GR	OSS SQUARE FOOT: \$ N/A			
			7. COST PER STU	IDENT STATION: \$ N/A			
					_		

OEF 209 Rule 6A-2.0010, FAC

## **CERTIFICATE OF FINAL INSPECTION (CFI)**

8. BUILDING CONTRACT	DATE: February 15, 2011	COMPLETION DATE:		
9. CHANGE ORDERS - Li	st of each Change Order and amount	t (excluding Direct Purchase amounts	).	
C.O. No. 001	\$ 29,530,00	C.O. No.	\$	
C.O. No. 002	\$ 9,938.00	C.O. No.	\$	
	\$		\$	
C.O. No.	\$	C.O. No.	\$	
10. Date of Occupancy:				
11. Additional Information:				

OEF 209 Rule 6A-2.0010, FAC

## FLORIDA DEPARTMENT OF EDUCATION Office of Educational Facilities

CERTIFICATE OF FINAL INSPECTION OEF USE ONLY Office of Educational Facilities (OEF) TO: 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 (850) 245-0494, Fax (850) 245-0494 or (850) 245-9304 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 sufficient quantity for your use. Section 1013.37(2)(c), F.S. OEF Assigned Project Number RE: \_\_Project 000857\_ \_\_The School Board of Broward County\_\_\_\_\_\_\_\_\_\_\_(□ School District □ Community College) (a School Name a Campus) McFatter Technical Center \_\_\_\_ (a School a College) Code Number Description of Project TPM Roofing Project\_ SECTION A: BOARD'S ACCEPTANCE Upon the recommendation of our Project (n 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) Date: Upril Signature: SECTION B: ( ARCHITE OF DENSINEER) CERTIFICATION? As PROJECT (D 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: Firm Name: ÆA Engineer Inc Address: 3935 MW 126 Ave. Coral Springs, FL 0063 Zip City State Street/P.O. Box SECTION C: Duilding Official Dother (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) Building Official Certified Inspector SECTION D: FACILITY INFORMATION CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH TYPE OF PROJECT: • New Plant If "No," explain: THE OEF: a Yes p N/A Addition Remodeling X Renovation ADJUSTED FINAL CONTRACT AMOUNT: \$ 598.1)99. 3.3 SOURCE OF FUNDS: PROJECT GROSS SQUARE FOOTAGE: SQ. FT. o State □ Local

DOE Page 1 of 2

COST PER GROSS SQUARE FOOT:

COST PER STUDENT STATION: \$ 1,075,63

s<u> 15.3</u>7

Revised August 2009

□ Federal

CHANGE-ORDERS - List of each Change Order and amount:         C.O. No. 1       \$ 0.00 (Contract Time)       C.O. No. 5       \$ (8,003,03)         C.O. No. 2       \$ 0.00 (Contract Time)       C.O. No. \$         C.O. No. 3       \$ 9,524.00       C.O. No. \$         C.O. No. 4       \$ 14,622.70       C.O. No. \$     Additional Information:	BUILDING CONTRACT	T DATE: 4/1/11	COMPLETION DATE: _	9/18/11
C.O. No. 2 \$ 0.00 (Contract Time) C.O. No. \$ C.O. No. 4 \$ 14,622.70 C.O. No. \$ Date of Occupancy: 8/18/11	CHANGE ORDERS - L	ist of each Change Order and amount:	<del>.</del>	
C.O. No. 3	C.O. No. 1	\$ _ 0.00 (Contract Time)	C.O. No. <u>5</u>	<u>(8,003,03)</u>
C.O. No. 4 \$ 14,622.70 C.O. No. \$	C.O. No. 2	\$ 0.00 (Contract Time)	C.O. No	\$
Date of Occupancy: 8/18/11	C.O. No. 3	\$ 9,524.00	C.O. No:	\$
Date of Occupancy: 8/18/11	C.O. No. 4	\$ 14,622.70	C.O. No	\$
Additional Information:				<del></del>
	A delitional tafaresetions	·	<u>.</u>	
	. Additional Information:			
	Additional information:			
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OEF 209