

**FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities**

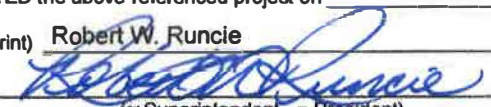
CERTIFICATE OF FINAL INSPECTION

TO: 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	OEF USE ONLY
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.	

RE: _____ OEF Assigned Project Number _____
Broward County Public Schools (School District Florida College)
Atlantic Technical Center (School Name Campus)
P.001383 (School College) Code Number _____
Roof Replacement Building 15 Description of Project _____

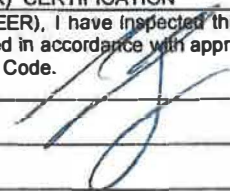
SECTION A: BOARD'S ACCEPTANCE

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 (Type or Print) Robert W. Runcie
 Signature:  Date: 10/13/2017
 (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.

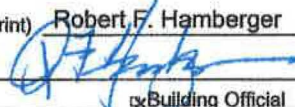
Signature:  Date: 8/30/2017

Firm Name: Irving Abcug

Address: 3935 NW 126th Avenue Coral Springs, FL 33065
 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) Robert F. Hamberger
 Signature:  Date: SEP 19 2017
 (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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Roof Replacement	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 type="checkbox"/> Local <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____	4. ADJUSTED FINAL CONTRACT AMOUNT: \$ 414,829.00
	5. PROJECT GROSS SQUARE FOOTAGE: N/A SQ. FT.
	6. COST PER GROSS SQUARE FOOT: \$ N/A
7. COST PER STUDENT STATION: \$ N/A	

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: <u>February 15, 2011</u>		COMPLETION DATE: _____	
9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).			
C.O. No. <u>001</u>	<u>\$ 29,530.00</u>	C.O. No. _____	\$ _____
C.O. No. <u>002</u>	<u>\$ 9,938.00</u>	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
10. Date of Occupancy: _____			
11. Additional Information:			

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RE: Project 000857 OEF Assigned Project Number
The School Board of Broward County (School District Community College)
McFatter Technical Center (School Name Campus)
(School College) Code Number
TPM Roofing Project Description of Project

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (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) Robert W. Runcie
 Signature: *Robert W. Runcie* Date: April 2 2013
 (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, FS, and the Florida Building Code.

Signature: *[Signature]* Date: 8/11/11 2/11/13
 Firm Name: IEA Engineer Inc.
 Address: 3935 NW 126 Ave, Coral Springs, FL 0063 City _____ State _____ Zip _____
 Street/P.O. Box _____

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) Robert Hamberger
 Signature: *[Signature]* Date: 3/25/13
 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 type="checkbox"/> N/A If "No," explain: _____
3. SOURCE OF FUNDS: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____	4. ADJUSTED FINAL CONTRACT AMOUNT: \$ <u>598,099.33</u> 5. PROJECT GROSS SQUARE FOOTAGE: <u>19,316</u> SQ. FT. 6. COST PER GROSS SQUARE FOOT: <u>\$ 15.37</u> 7. COST PER STUDENT STATION: \$ <u>1,075.63</u>

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: 4/1/11 COMPLETION DATE: 9/18/11

9. CHANGE ORDERS - List of each Change Order and amount:

C.O. No. <u>1</u> \$ <u>0.00 (Contract Time)</u>	C.O. No. <u>5</u> \$ <u>(8,003.03)</u>
C.O. No. <u>2</u> \$ <u>0.00 (Contract Time)</u>	C.O. No. _____ \$ _____
C.O. No. <u>3</u> \$ <u>9,524.00</u>	C.O. No. _____ \$ _____
C.O. No. <u>4</u> \$ <u>14,622.70</u>	C.O. No. _____ \$ _____

10. Date of Occupancy: 8/18/11

11. Additional Information: