

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

OEF USE ONLY

CERTIFICATE OF OCCUPANCY

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 (School District Florida College)
Manatee Bay Elementary 19200 Manatee Isles Dr, Weston, FL 33332 (School Name Campus)
P.001759 -Building Envelope, Music & Art Room Renovations, HVAC Description of Project
Location Site #- 3841 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: _____ 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

Jorge A. Gutierrez
 Name (Type or Print)

AR14571
 License #

2/28/2019
 Expiration Date

Signature: 
 Architect Engineer

Building Official:

Robert Hamberger
 Name (Type or Print)

BU1112
 License #

11/30/19
 Expiration Date

Signature:  11/2/18

Contractor:

LEGO Construction Co.
 Name (Type or Print)

CGC 1510788
 License #

8/31/20
 Expiration Date

Threshold Inspector (if applicable):

N/A

Name (Type or Print)

License #

Expiration Date

Project Information

As-built lowest floor elevation (for new construction)

Code/Edition 2014 FBC Occupancy Type(s) _____ Construction Type(s) _____ Occupant Load _____

Automatic Sprinkler System Required ___Y, **N** District/Florida College Permit Number _____

Special _____ Permit 1438410513 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.