

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: **The School Board of Broward County**
Riverglades Elementary School

(School District Florida College)
(School Name Campus)

New 24 Classroom Building Addition – 7400 Parkside Drive, Parkland, FL. 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: _____ 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:

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

Jorge R. Luaces _____ **AR 93912** _____ **Feb. 28, 2019** _____
Name (Type or Print) License # Expiration Date

Signature: _____
 Architect Engineer

Building Official:

ROBERT HAMBERGER BU 1112 _____ **11/30/17** _____
Name (Type or Print) License # Expiration Date

Signature: _____ **8/17/17**

Contractor:

LNIX CONSTR. MGMT. _____ **CCC1518484** _____ **8/31/18** _____
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 **2014** Occupancy Type(s) **E** Construction Type(s) **2A** Occupant Load **948**

Automatic Sprinkler System Required Y N District/Florida College Permit Number **1428910399**

Special Permit Stipulations **N/A**

*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.