

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: P.001685 _____ OEF Assigned Project Number
School Board of Broward County _____ (X School District □ Florida College)
Riverglades Elementary School _____ (X School Name □ Campus)
2891 _____ (X School □ College) Code Number
24 Classroom Addition _____ Description of Project

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (X ARCHITECT □ ENGINEER) as 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: _____
 (X Superintendent □ President)

SECTION B: (X ARCHITECT □ ENGINEER) CERTIFICATION

As PROJECT (X 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: [Signature] _____ Date: Oct-4-2018 _____

Firm Name: CSA Central, Inc. _____

Address: 8200 NW 41st Street, Suite 305 Doral FL 33166
 Street/P.O. Box City State Zip

SECTION C: X 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: [Signature] _____ Date: 12-5-18 _____
 (X Building Official □ Certified Inspector)

SECTION D: FACILITY INFORMATION.

1. TYPE OF PROJECT: □ New Plant X Addition □ Remodeling □ Renovation □ _____	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: X Yes □ No □ N/A If "No," explain: _____
3. SOURCE OF FUNDS: X Local □ State □ Federal □ _____	4. ADJUSTED FINAL CONTRACT AMOUNT: \$ <u>5,477,305.00</u>
	5. PROJECT GROSS SQUARE FOOTAGE: <u>31,270</u> SQ. FT.
	6. COST PER GROSS SQUARE FOOT: \$ <u>175.16</u>
	7. COST PER STUDENT STATION: \$ _____

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: <u>October 5, 2016</u>		COMPLETION DATE: <u>August 14, 2017</u>	
9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).			
C.O. No. <u>001</u>	\$ <u>51,267.00</u>	C.O. No. _____	\$ _____
C.O. No. <u>002</u>	\$ <u>120,223.00</u>	C.O. No. _____	\$ _____
C.O. No. <u>003</u>	\$ <u>23,815.00</u>	C.O. No. _____	\$ _____
C.O. No. <u>004</u>	\$ <u>95,000.00</u>	C.O. No. _____	\$ _____
10. Date of Occupancy: <u>August 17, 2017</u>			
11. Additional Information:			