

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

OE F 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)
 Indian Ridge MS 1355 Nob Hill Road, Davie, FL 33324 _____ (School Name Campus)
 SMART Program Renovations P.001748 Building Envelope Improv. Art/Music Rooms Reno. HVAC Imprv. Description of Project
 Location Site #3471 - P.001748 _____ 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: Robert Francis Date: 3/20/2019
 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 AR14571
 Name (Type or Print) License # 2/28/2021
 Signature: [Signature] Expiration Date
 Architect Engineer

Building Official:

Robert Hamberger BU1112
 Name (Type or Print) License # 11/30/19
 Signature: [Signature] Expiration Date
 MAR 06 2019

Contractor:

LEGO Construction Co. CGC 1510788 8/31/20
 Name (Type or Print) License # Expiration Date

Threshold Inspector (if applicable):

N/A
 Name (Type or Print) License # Expiration Date

Project Information

Code/Edition 2014 FBC Occupancy Type(s) N/A As-built lowest floor elevation (for new construction) _____
 Construction Type(s) E Occupant Load N/A
 Automatic Sprinkler System Required Y District/Florida College Permit Number _____
 Special Permit#1434710632 Stipulations _____

DEF 110B
 Rule 6A-2.0010 FAC
 2017

Effective November

H I L 1509700 G14-06-Cert Occupy