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FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities

FEB 26 2019

BUILDING DEPARTMENT
BCPS

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.001748 _____ OEF Assigned Project Number

Broward County Schools _____ (School District Florida College)

Indian Ridge MS Davie, FL _____ (School Name Campus)

Location Site #3471 _____ (School College) Code Number

Building Envelope Music & Art Room Renovations HVAC _____ Description of Project

DOCUMENT CONTROL
RECEIVED/SCANNED
MAR 07 2019
HEERY
Broward County Schools

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (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) _____

Signature: _____ Date: _____
(Superintendent President)

SECTION B: (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:  Date: 2/26/2019

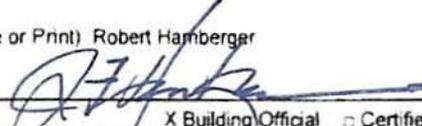
Firm Name: Jorge A. Gutierrez Architect LLC
Address: 14400 NW 77 Ct Suite 104 Miami Lakes, FL 33016

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 Hamberger

Signature:  Date: MAR 06 2019

X 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 checked="" type="checkbox"/> N/A If "No," explain: _____
3. SOURCE OF FUNDS: <input checked="" type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/>	4. ADJUSTED FINAL CONTRACT AMOUNT: \$4,732,838 \$4,731,620 AV
	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: 12/11/17 _____ COMPLETION DATE: 2/22/19 _____

9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).

C.O. No. #1 _____ \$33,627 \$32,409 _____	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____

10. Date of Occupancy: _____

11. Additional Information: