

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
CERTIFICATE OF OCCUPANCY

OE F USE ONLY

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)
Silver Shores ES 1701 SW 160th Ave Miramar, FL -33027 (School Name Campus)
P.001906 Reroofing Building #1, HVAC improvements Description of Project
Location No.35811- P.001906 Building Permit #1435810364, Roofing Sub permit #1435810618 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 [255.2575(2) F.S.] Rating Achieved _____
AUBERTO PORTIELA * _____ FL0007729 Expiration Date 2-28-2021
Name (Type or Print) License #
Signature: _____
 Architect Engineer



Building Official:
[Signature] BUI112 11-30-21
Name (Type or Print) License # Expiration Date
Signature: [Signature] OCT 18 2019

Contractor:
LEGO Construction Co. CGC1510788 08/31/20
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 constructio
Code/Edition 2014 FBC Occupancy Type(s) _____ Construction Type(s) _____ Occupant Load _____
Automatic Sprinkler System Required Y District/Florida College Permit Number 1435810364
Special _____ Permit _____ 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.