

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

OEF USE ONLY

EXHIBIT 6

INSTRUCTIONS: Submit one copy of the completed form for each project over \$300,000. Reproduce this form in sufficient quantity for your use.

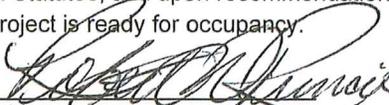
RE: School Board of Broward County (School District Florida College)

Coconut Creek Elementary 500 NW 45th Ave., Coconut Creek FL 33066 (School Name Campus)

P.001413 – Building Envelope, Media Center, Group Restrooms, Fire Sprinkler, HVAC Description of Project

Location Site #1421 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 W. Runcie  Date: 3/30/2020
 Superintendent President Designee

Intended Occupancy Date: _____

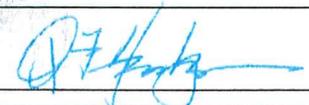
PROJECT ARCHITECT/ENGINEER AND CERTIFIED INSPECTOR I have inspected the subject project and, to the best of my knowledge and ability, I have determined that the safety systems* and the facility are in compliance with statutes, rules, and codes affecting the health and safety of its occupants; and that 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.] N/A Rating Achieved _____
Jorge A. Gutierrez AR14571 2/28/2021
Name (Type or Print) License # Expiration Date

Signature:  Architect Engineer

Building Official:
Robert F. Hamberger B01112 11-30-21
Name (Type or Print) License # Expiration Date

Signature: 

Contractor:

LEGO Construction Co. CGC1510788 August 31, 2020
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) _____ As-built lowest floor elevation (for new construction) _____
Construction Type(s) _____ Occupant Load _____
Automatic Sprinkler System Required Y N District/Florida College Permit Number _____
Special Permit GOB 1414210383 _____ Stipulatio _____
ROOFING 1414210616

*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.