

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, Florida
Cypress Elementary School
Building #1 Remodeling (Phase III)
Project No. #1781-24-01 / P.000346

School District Community College)
 School Name Campus)
Description of Project
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 McManis*
 Superintendent President Designee

Date: 8/23/12

Intended Occupancy Date: August 20, 2012

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* are working satisfactorily; the facility is 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 _____
Robert E. McMahon, Zelch & McMahon, Architects AA-P000244 February 28, 2013
Name (Type or Print) License # Expiration Date
Signature: *Robert E. McMahon* 08/24/12
 Architect Engineer

Building Official:
ROBERT HAMBERGER B01112 11-26-13
Name (Type or Print) License # Expiration Date
Signature: *Robert Hamberger* 8-20-12

Contractor:
Hewett-Kier Construction, Inc
James R. Hewett (Signature) CGC 008022 8/31/2012
Name (Type or Print) License # Expiration Date

Threshold Inspector (if applicable):
N/A
Name (Type or Print) (Signature) License # Expiration Date

Project Information
Code/Edition FBC 2004 Occupancy Type(s) E Construction Type(s) II-B Occupant Load 212
Automatic Sprinkler System Required X Y N District/Community College Permit Number 178108PR637P
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.