

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

OEF 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: **Broward**

**Hallandale Elementary School**

**New Ballfields**

**Project No. 0593-99-02/P.000753**

(X School District  Community College)

(X 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 W. Runcie

Superintendent  President  Designee

Date: 7/10/13

Intended Occupancy Date: **June 30, 2011**

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

Flynn Engineering Services, P. A.  
Name (Type or Print)

6578  
License #

02-28-2013 2015  
Expiration Date

Signature: Jay m f g n

Architect  Engineer

Building Official:

Robert F. Hamberger  
Name (Type or Print)

BULL12  
License #

11/30/13  
Expiration Date

Signature: RF Hamberger

79-13

Contractor:

West Construction, Inc.  
Name (Type or Print)

CBC 057038  
License #

August 31, 2011  
Expiration Date

Threshold Inspector (if applicable):

NA

Name (Type or Print)

License #

Expiration Date

Project Information

Code/Edition **FBC 2005** Occupancy Type(s) \_\_\_\_\_ Construction Type(s) \_\_\_\_\_ Occupant Load \_\_\_\_\_

Automatic Sprinkler System Required \_\_\_Y X N District/Community College Permit Number **059308PR510P**

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.