

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: 1871-99-05 OEF Assigned Project Number
School Board of Broward County (☐ School District ☐ Florida College)
Crystal Lake Community School (☐ School Name ☐ Campus)
1871 (☐ School ☐ College) Code Number
IAO Repairs HVAC Description of Project

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 (☐ 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: 12-8-13

Firm Name: Buchanan P.E. & Consulting Inc.

Address: 6191 W. Atlantic Blvd #228 Mayaguez FL 33068

Street/P.O. Box City State Zip

SECTION C: ☐ Building Official ☐ Other (Specify) _____

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 F. Hamburger

Signature: _____ Date: 12-16-13

(☒ 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: \$ <u>1,551,143</u> 5. PROJECT GROSS SQUARE FOOTAGE: _____ SQ. FT. 6. COST PER GROSS SQUARE FOOT: \$ _____ 7. COST PER STUDENT STATION: \$ _____

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8. BUILDING CONTRACT DATE: _____ COMPLETION DATE: _____

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

C.O. No. <u>1</u> \$ <u>16,789.00</u>	C.O. No. _____ \$ _____
C.O. No. <u>2</u> \$ <u>-59,346.00</u>	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____
C.O. No. _____ \$ _____	C.O. No. _____ \$ _____

10. Date of Occupancy: _____

11. Additional Information: