

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

OEI 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: Broward County School District
Boyd Anderson High School
HVAC Additions and Alterations
1741-9905 P 000331

School District Florida 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 W. Runcie *Robert W. Runcie* Date: 3.25.14
 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.] _____ Rating Achieved _____
Roger G. Morse AR011209 2/28/2015
Name (Type or Print) License # Expiration Date
Signature: _____
 Architect Engineer

Building Official:
Robert Hamberger B1112 11/30/15
Name (Type or Print) License # Expiration Date
Signature: *Robert Hamberger* 3-13-14

Contractor:
Johnson Controls, Inc. CMC035453 Aug 31, 2014
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 construction) _____
Code/Edition 2007 Occupancy Type(s) EDUCATIONAL Construction Type(s) _____ Occupant Lo _____
Automatic Sprinkler System Required X Y _____ N District/Florida College Permit Number 174106 PR 235 PRP
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.