

**FLORIDA DEPARTMENT OF EDUCATION  
Office of Educational Facilities**

**CERTIFICATE OF FINAL INSPECTION**

<b>TO:</b> 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	<b>OEF USE ONLY</b>
<b>INSTRUCTIONS:</b> 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: 1741-9905 P 000331 OEF Assigned Project Number

Broward County School District ( School District  Florida College)

Boyd Anderson High School ( School Name  Campus)

\_\_\_\_\_ ( School  College) Code Number

HVAC Additions and Alterations 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: 2/26/14

Firm Name: Dyanci, Inc d/b/a Morse Zehnter Assoc

Address: 165 JORDAN AVE TROY NY 12180  
 Street/P.O. Box City State Zip

**SECTION C:  Building Official  Other (Specify) Certification**

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 Hamberger

Signature: see attached signed inspection report Date: 3-13-14  
 Building Official  Certified Inspector

**SECTION D: FACILITY INFORMATION.**

1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input checked="" 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>\$ 3,592,880.80</u>
	5. PROJECT GROSS SQUARE FOOTAGE: <u>N/A</u> SQ. FT.
	6. COST PER GROSS SQUARE FOOT: \$ <u>N/A</u>
	7. COST PER STUDENT STATION: \$ <u>N/A</u>

## CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: 3/12/2007

COMPLETION DATE: 07/31/2013

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

C.O. No. 1 \$0	C.O. No. 10. \$ 639
C.O. No. 3. \$7,748	C.O. No. 11. \$ 6,989
C.O. No. 4. \$5,205	C.O. No. 12. \$10,299
C.O. No. 6. \$6,299	C.O. No. 13. \$15,266
C.O. No. 7. \$24,894	C.O. No. 14. \$ 23,311
C.O. No. 9. \$4,652	

10. Date of Occupancy: Non Occupancy Project

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11. Additional Information: