

Design Professional:
Return completed form to:
Hernando County School District
Facilities Operations Department

CERTIFICATE OF COMPLETION



Facility Name CHOCACHATTI ELEMENTARY SCHOOL (School Other Facility)
Project Description / Phase: ROOF REPLACEMENT Permit No. B-007-21-CES

In accordance with Section 111.5 of the Florida Building Code, and as indicated below by the Building Code Official and Fire/Safety Official, the project is hereby certified to be complete.

SECTION A: (ARCHITECT / ENGINEER)

I have inspected the project and, in my considered professional opinion, the work required by the Construction Contract has been completed in accordance with approved Contract Documents, Florida Statutes, and the Florida Building Code.

Signature/Seal: _____

Date: 7/12/2022

Firm Name: _____

A/R/C Associates, Incorporated

AR0007684

Address: _____

601 North Fern Creek Avenue, Suite 100, Orlando, Florida 32803-4899

Street

State

Zip

1. TYPE OF PROJECT:

- New Facility Addition
 Remodeling Renovation
 Other Roof Replacement

2. COMPLETED FACILITY SPACE CHART HAS BEEN FILED WITH THE DISTRICT:

- Yes No N/A If "No", explain: Roof Replacement

3. OCCUPANCY DATE:

N/A

4. COMPLETION DATE:

7/12/2022

(enter the date that all contractual work, including close out requirements are complete)

SECTION B: BUILDING OFFICIAL OTHER (specify Certification: _____):

I have inspected the project and, in my considered opinion, the work is in compliance with applicable statutes, rules and codes.

Name (type/print) _____

License # _____

Expiration Date _____

Signature: _____

Date: _____

(Building Official Certified Inspector)

see attachment

SECTION C: FIRE / SAFETY OFFICIAL OTHER (specify Certification: _____):

I have inspected the project and, in my considered opinion, the work is in compliance with applicable statutes, rules and codes.

Name (type/print) _____

License # _____

Expiration Date _____

Signature: _____

Date: _____

(Fire / Safety Inspector)

SECTION D: OWNER ACCEPTANCE

Upon the recommendation and Certification of the Design Professional in Section A above, and in accordance with Chapter 1013, F.S., the above referenced project is ACCEPTED by the Owner.

Name (type or print): _____

Signature of Designee: _____

Richard Oakley
Richard Oakley

Date: _____

07/12/2022

Hernando County School Board



CERTIFICATE OF COMPLETION

For each completed project, submit one copy for the project permit file and one copy to the cost center Administrator.

Date: 10/27/2021

Location: CHOCACHATTI ELEMENTARY

HIGH B-007-21-CES

Project : ROOF REPLACEMENT REPAIRS

BUILDING CODE ADMINISTRATOR

In accordance with Section 106.2, Florida Building Code, and upon recommendation of the Building Code Administrator and Safety Inspector as stated below, the project is complete.

Signature:  **Date:** 10/27/21

Building Official Designee

License # / Expiration Date: _____

FIRE / SAFETY INSPECTOR CERTIFICATION

I have inspected the 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.

Fire / Safety Inspector:

William L Hall 143319

Name (Type or Print) License #

Signature:  **Date:** 11/3/21