

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

CERTIFICATE OF COMPLETION



Facility Name: Hernando County School District Main Office _____ (X School ☐ Other Facility)

Project Description / Phase: Roof Replacement and Designated Repairs _____ Permit No B-161-22-ADMIN

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: 2023/08/17

Firm Name: A/R/C Associates, Inc. AR0007684

Address: 601 North Fern Ave, Suite 100 Orlando FL 32803
Street City State Zip

1. TYPE OF PROJECT:

☐ New Facility ☐ Addition
☐ Remodeling ☐ Renovation
X Other Roof Replacement

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

☐ Yes ☐ No X N/A If "No", explain: _____

3. OCCUPANCY DATE: _____ Duration of project _____

4. COMPLETION DATE: 2023/06/19
(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) Otto J Letzelter License # BU1294 Expiration Date 11/2023

Signature: _____ Date: _____
(☒ Building Official ☒ Certified Inspector)

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) William L Hall License # 143319 Expiration Date 12/2026

Signature: _____ Date: 8/21/23
(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): Desmond Manner Date: 8-21-23
Signature of Designee: _____



HERNANDO COUNTY SCHOOL DISTRICT
FACILITIES & CONSTRUCTION DEPT.

NOTICE OF FINAL ACCEPTANCE

Date of Notice of Acceptance: August 17th, 2023

Project No./Name: 21055.00 District Main Office Roof Replacement and Designated Repair

TO: TeamCraft Roofing, INC.
1316N. Long St.
Salisbury, NC 28144

Notice is hereby given that the Hernando County School Board, acting by and through the Facilities & Construction Department, accepts as complete* the above numbered project.

A handwritten signature in blue ink, appearing to read 'Brian Ragan', is written over a horizontal line.

Brian Ragan, Director
(Authorized Delegate)

08/17/2023

Date

*When completely executed, this form is to be sent by email to the Contractor by the Principal Representative or delivered by any other means to which the parties agree.

AIA® Document G701® – 2017

Change Order

PROJECT: (Name and address)
Hernando/District Office
919 N. Broad Street
Brooksville, Florida 34601

CONTRACT INFORMATION:
Contract For: General Construction
Date: January 03, 2023

CHANGE ORDER INFORMATION:
Change Order Number: 001
Date: June 30, 2023

OWNER: (Name and address)
Hernando County School District
8008 Mobley Road
Brooksville, Florida 34601

ARCHITECT: (Name and address)
A/R/C Associates, Incorporated
601 North Fern Creek Avenue, Suite 100
Orlando, Florida 32803-4899

CONTRACTOR: (Name and address)
TeamCraft Roofing, Inc.
1316 N. Long Street
Salisbury, North Carolina 28144

THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

This Change Order reconciles the amount of Unit Price Base Quantities used and the Owner's Contingency as presented in TeamCraft Roofing, Inc. letter which is attached.

Unused Allowances: (\$34,680.00)

Balance of the Owner's Contingency not used: (\$1,115.00)

TOTAL CREDIT (\$35,795.00)

The original Contract Sum was	\$ 781,700.00
The net change by previously authorized Change Orders	\$ 0.00
The Contract Sum prior to this Change Order was	\$ 781,700.00
The Contract Sum will be decreased by this Change Order in the amount of	\$ 35,795.00
The new Contract Sum including this Change Order will be	\$ 745,905.00

The Contract Time will be unchanged by Zero (0) days.

The new date of Substantial Completion will be

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.


ARCHITECT (Firm name)

SIGNATURE

AR0007684

Joseph J. Williams, AIA, Florida

Registration No. 7684, President

PRINTED NAME AND TITLE

June 30, 2023

DATE

TeamCraft Roofing, Inc.

CONTRACTOR (Firm name)



SIGNATURE

Nick Han / Production Manager

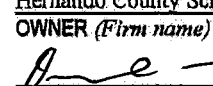
PRINTED NAME AND TITLE

7-5-2023

DATE

Hernando County School District

OWNER (Firm name)



SIGNATURE

PRINTED NAME AND TITLE

7-5-2023

DATE



Change Order Proposal

A/R/C Associates, Inc.
601 N. Fern Creek Ave
Suite 100
Orlando, FL 32803
Attn: Tyler Hall

Re: HCSD Main Office Roof Replacement – Deduct Change Order

Unused Allowances:

Unit Price A: Wood: \$2,040.00
Unit Price B: Metal Deck: \$8,640.00
Unit Price C: LWIC Repair: \$24,000.00
Total: \$34,680.00

Owner's Contingency:

Original Value: \$20,000.00
Amount Used: \$18,885.00
Balance: \$1,115.00

Total Deduct Amount: \$35,795.00

Thank you,

Pascual Cabrera

Pascual Cabrera
Project Manager

AIA® Document G702® – 1992

**AUTHORIZED
FOR PAYMENT**

Application and Certificate for Payment

DATE 8-14-23

TO OWNER: HERNANDO COUNTY SCHOOL DISTRICT
919 N. BROAD ST.
BROOKSVILLE, FL 34601

FROM TeamCraft Roofing

CONTRACTOR: 1316 N. Long St.
Salisbury, NC 28144

PROJECT: HCSD Main Office
919 N. Broad St.
Brooksville, FL 34601

VIA ARCHITECT: A/R/C Associates
601 N. Fern Creek Ave.
STE 100
Orlando, FL 32803

APPLICATION NO: Retainage

PERIOD TO: July 31, 2023

CONTRACT FOR: Roofing Work

CONTRACT DATE:

PROJECT NOS: / /

Distribution to:

OWNER: ☐

ARCHITECT: ☐

CONTRACTOR: ☐

FIELD: ☐

OTHER: ☐

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. AIA Document G703®, Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM \$781,700.00

2. NET CHANGE BY CHANGE ORDERS -\$35,795.00

3. CONTRACT SUM TO DATE (Line 1 ± 2) \$745,905.00

4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$745,905.00

5. RETAINAGE:

a. 0 % of Completed Work
(Column D + E on G703) \$0.00

b. 0 % of Stored Material
(Column F on G703) \$0.00

Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$0.00

6. TOTAL EARNED LESS RETAINAGE \$745,905.00
(Line 4 Less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$708,609.75
(Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE \$37,295.25

9. BALANCE TO FINISH, INCLUDING RETAINAGE \$0.00
(Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$35,795.00
Total approved this Month	\$0.00	\$0.00
TOTALS	\$0.00	\$35,795.00
NET CHANGES by Change Order		-\$35,795.00

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: Shirley Project Coordinator
State of: North Carolina

Date: July 05, 2023

County of: IREDELL

Subscribed and sworn to before me this 5th day of July 2023

Notary Public: Theresa Pope
My Commission expires: May 21, 2024

THERESA POPE
NOTARY PUBLIC
Iredell County
North Carolina
My Commission Expires May 21, 2024

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$37,295.25
(Attach explanation of amount certified differs from amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By:

Date: 8/11/2023

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under the Contract Documents.



Continuation Sheet

AIA Document G702®, Application and Certification for Payment, or G732™, Application and Certificate for Payment, Construction Manager as Adviser Edition, containing Contractor's signed certification is attached.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO:

APPLICATION DATE:

PERIOD TO:

ARCHITECT'S PROJECT NO:

Retainage

July 31, 2023

[illegible]

AIA® Document G706® – 1994

Contractor's Affidavit of Payment of Debts and Claims

PROJECT: <i>(Name and address)</i> HCSD Main Office 919 N. Broad St. Brooksville, FL 34601	ARCHITECT'S PROJECT NUMBER: CONTRACT FOR: Roofing Work	OWNER: <input type="checkbox"/> ARCHITECT: <input type="checkbox"/> CONTRACTOR: <input type="checkbox"/> SURETY: <input type="checkbox"/> OTHER: <input type="checkbox"/>
TO OWNER: <i>(Name and address)</i> HERNANDO COUNTY SCHOOL DISTRICT 919 N. BROAD ST. BROOKSVILLE, FL 34601	CONTRACT DATED:	

STATE OF: North Carolina
COUNTY OF: IREDELL

The undersigned hereby certifies that, except as listed below, payment has been made in full and all obligations have otherwise been satisfied for all materials and equipment furnished, for all work, labor, and services performed, and for all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above for which the Owner or Owner's property might in any way be held responsible or encumbered.

EXCEPTIONS:

SUPPORTING DOCUMENTS ATTACHED HERETO:

1. Consent of Surety to Final Payment. Whenever Surety is involved, Consent of Surety is required. AIA Document G707, Consent of Surety, may be used for this purpose.

Indicate Attachment ☒ Yes ☐ No


The following supporting documents should be attached hereto if required by the Owner:

1. Contractor's Release or Waiver of Liens, conditional upon receipt of final payment.
2. Separate Releases or Waivers of Liens from Subcontractors and material and equipment suppliers, to the extent required by the Owner, accompanied by a list thereof.
3. Contractor's Affidavit of Release of Liens (AIA Document G706A).

CONTRACTOR: *(Name and address)*

TeamCraft Roofing
1316 N. Long St.
Salisbury, NC 28144

BY


(Signature of authorized representative)

Tammy Haga, Project Coordinator
(Printed name and title)

Subscribed and sworn to before me on this date: 7/5/23

Notary Public:

My Commission Expires:

THERESA POPE
NOTARY PUBLIC

Iredell County
North Carolina

My Commission Expires May 21, 2024

AIA® Document G706®A – 1994

Contractor's Affidavit of Release of Liens

PROJECT: <i>(Name and address)</i> HCSD Main Office 919 N. Broad St. Brooksville, FL 34601	ARCHITECT'S PROJECT NUMBER:	OWNER: <input type="checkbox"/>
TO OWNER: <i>(Name and address)</i> HERNANDO COUNTY SCHOOL DISTRICT 919 N. BROAD ST. BROOKSVILLE, FL 34601	CONTRACT FOR: Roofing Work	ARCHITECT: <input type="checkbox"/>
	CONTRACT DATED:	CONTRACTOR: <input type="checkbox"/>
		SURETY: <input type="checkbox"/>
		OTHER: <input type="checkbox"/>

STATE OF: North Carolina
COUNTY OF: IREDELL

The undersigned hereby certifies that to the best of the undersigned's knowledge, information and belief, except as listed below, the Releases or Waivers of Lien attached hereto include the Contractor, all Subcontractors, all suppliers of materials and equipment, and all performers of Work, labor or services who have or may have liens or encumbrances or the right to assert liens or encumbrances against any property of the Owner arising in any manner out of the performance of the Contract referenced above.

EXCEPTIONS:

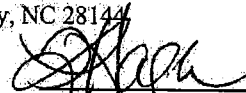
SUPPORTING DOCUMENTS ATTACHED HERETO:

1. Contractor's Release or Waiver of Liens, conditional upon receipt of final payment.
2. Separate Releases or Waivers of Liens from Subcontractors and material and equipment suppliers, to the extent required by the Owner, accompanied by a list thereof.

CONTRACTOR: *(Name and address)*

TeamCraft Roofing
1316 N. Long St.
Salisbury, NC 28144

BY:



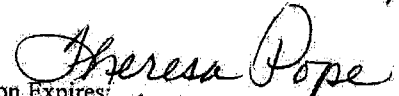
(Signature of authorized representative)

Tammy Haga, Project Coordinator

(Printed name and title)

Subscribed and sworn to before me on this date: 7/5/23

Notary Public:



My Commission Expires:

May 21, 2024

THERESA POPE
NOTARY PUBLIC
Iredell County
North Carolina
My Commission Expires May 21, 2024

**CONSENT OF SURETY
TO FINAL PAYMENT**

ALA Document G707

Bond No. SUR0074735

OWNER	<input type="checkbox"/>
ARCHITECT	<input type="checkbox"/>
CONTRACTOR	<input type="checkbox"/>
SURETY	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

TO OWNER:

(Name and address)

School District of Hernando County, Florida
8016 Mobley Road
Brooksville, FL 34601

ARCHITECT'S PROJECT NO.:

CONTRACT FOR:

PROJECT:

(Name and address)

CONTRACT DATED:

Roof Replacement and Designated Repairs HCSD Main Office, 919 N. Broad St., Brooksville, FL 34601

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the
(Insert name and address of Surety)

Argonaut Insurance Company
P.O. Box 469011
San Antonio, TX 78246-9011

, SURETY,

on bond of

(Insert name and address of Contractor)

TeamCraft Roofing, Inc.
1316 N. Long Street
Salisbury, NC 28144

, CONTRACTOR,

hereby approves of the final payment to the Contractor, and agrees that final payment to the Contractor shall not relieve the Surety of
any of its obligations to

(Insert name and address of Owner)

School District of Hernando County, Florida
8016 Mobley Road
Brooksville, FL 34601

, OWNER,

as set forth in said Surety's bond.

IN WITNESS WHEREOF, the Surety has hereunto set its hand on this date: July 10, 2023

(Insert in writing the month followed by the numeric date and year.)

Attest:

(Seal):



Argonaut Insurance Company

(Surety)

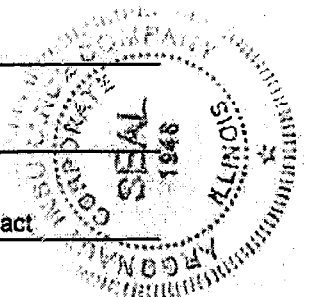
By:

(Signature of authorized representative)

Travis J. Robles

(Printed name and title)

Attorney-in-Fact



Argonaut Insurance Company
Deliveries Only: 225 W. Washington, 24th Floor
Chicago, IL 60606
United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Thomas McCoy Jr., Kelli E. Housworth, Susan J. Lattarulo, Sarah Heinemann, Travis J. Robles

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

\$107,116,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021.

Argonaut Insurance Company



by:

Gary E. Grose

Gary E. Grose, President

STATE OF TEXAS

COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.



Kathleen M. Meeks

(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 10th day of July, 2023



Austin W. King

Austin W. King, Secretary

Facilities & Construction Department

Brian Ragan, Director
8016 Mobley Road Brooksville, FL 34601
Phone: 352-797-7050
Fax: 352-797-7150



Superintendent: John Stratton
Board Chairperson: Gus Guadagnino
Vice Chairperson: Susan Duval
Board Members: Mark Johnson
Linda K. Prescott
Shannon Rodriguez

Learn it. Love it. Live it.

NOTICE OF FINAL SETTLEMENT

PROJECT NO.: 21055.00
PROJECT NAME: DISTRICT OFFICE ROOF REPLACEMENT AND DESIGNATED REPAIRS
CONTRACTOR: TEAMCRAFT ROOFING
1316N. LONG ST.
SALISBURY, NC 28144

SETTLEMENT DATE: **SEPTEMBER 5TH, 2023**

NOTICE IS HEREBY GIVEN THAT AT 6:00PM ON THE DATE INDICATED ABOVE, AT 919 NORTH BROAD ST., BROOKSVILLE, FLORIDA, FINAL SETTLEMENT WILL BE MADE, PENDING ANY OUTSTANDING CLOSEOUT PROCEDURES, BY THE HERNANDO COUNTY SCHOOL BOARD WITH THE ABOVE-NAMED CONTRACTOR FOR AND ON ACCOUNT OF THE CONTRACT FOR THE CONSTRUCTION OF THE PROJECT REFERENCED ABOVE.

1. Any person, co-partnership, association or corporation who has an unpaid claim against the said project, for or on account of the furnishing of labor, materials, team hire, sustenance, provisions, provender, rental machinery, tools or equipment and other supplies used or consumed by the Contractor or any of his subcontractors in or about the performance of said work, may at any time up to and including said time of such final settlement, file a verified statement of the amount due and unpaid account of such claim.
2. All such claims shall be filed with the duly authorized representative identified below.
3. Failure on the part of a creditor to file a verified statement prior to final settlement shall relieve the Hernando County School Board from any and all liability for any such claim pertaining to the project referenced above.

Duly Authorized Representative

Name: Brian Ragan
Agency: Hernando County School District
Facilities and Construction Department
Phone: (352) 797-7050
E-mail: ragan_b@hcsb.k12.fl.us

It is the policy of the Hernando County School District not to illegally discriminate or allow its employees to illegally discriminate on the basis of race, color, religion, national origin, age, sex, marital status, disability or GINA in its educational programs or employment practices.