

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: \_\_\_\_\_ OEF Assigned Project Number \_\_\_\_\_

Hernando County School District \_\_\_\_\_ (  School District  Florida College )

Brooksville Elementary School \_\_\_\_\_ (  School Name  Campus )

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

HVAC Replacement Phase 2 - FINAL \_\_\_\_\_ 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: May 21, 2024

Firm Name: SGM Engineering

Address: 2301 Waterford District Drive, Suite 750 Miami Florida 33126

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) Otto J Letzelter BU1294

Signature: \_\_\_\_\_ Date: 05-21-2024

(  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: \$ _____ 5. PROJECT GROSS SQUARE FOOTAGE: _____ SQ. FT. 6. COST PER GROSS SQUARE FOOT: \$ _____
	7. COST PER STUDENT STATION: \$ _____

## CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: <u>02.14.2023</u>		COMPLETION DATE: <u>08.08.2024</u>	
9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).			
C.O. No. <u>1</u>	\$ <u>(684,559.68)</u>	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
10. Date of Occupancy: <u>08.08.2024</u>			
11. Additional Information:			