

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: <u>2301 Waterford District Drive, Suite 750</u>	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.**

<b>1. TYPE OF PROJECT:</b> <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> _____	<b>2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If "No," explain: _____
<b>3. SOURCE OF FUNDS:</b> <input checked="" type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____	<b>4. ADJUSTED FINAL CONTRACT AMOUNT:</b> \$ _____
	<b>5. PROJECT GROSS SQUARE FOOTAGE:</b> _____ <b>SQ. FT.</b>
	<b>6. COST PER GROSS SQUARE FOOT:</b> \$ _____
	<b>7. COST PER STUDENT STATION:</b> \$ _____

## 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:	