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

## CERTIFICATE OF COMPLETION



| Caciliba Nama   | Harmanda High Cohool   | (v. Sahaal - Other Easility)   |  |
|---|--|--|--|
| Facility Name:  |  | (× School I Other Facility)  |  |
| Project Description   | on / Phase: Theater Renovation _   | Permit No_BEL-131-20   |  |
|   |  | ne Florida Building Code, and as indicated below by the Official, the project is hereby certified to be complete.              |  |
| SECTION A: (ARC   | HITECT / ENGINEER)   |  |  |
|   |  | sional opinion, the work required by the Construction Contract has been ents, Florida Statutes, and the Florida Building Code. |  |
| Signature/Seal:   | Sout Nun Ala   | Date: April 19; 2023   |  |
| Firm Name:  | EMMET VAN AKEN   |  |  |
| Address:  | Street DRIMLK TR. S. A.  | 2. ST. PETERSFURG FL 33704  City State Zip   |  |
| 1. TYPE OF PROJE □New Facility □ □Remodeling □ □ Other  | IAddition 2. COMPLETED   | D FACILITY SPACE CHART HAS BEEN FILED WITH THE DISTRICT:   |  |
| 3. OCCUPANCY D  | ATE: //  | V H  |  |
| 4. COMPLETION D   | ATE: <u> </u>  | フロムイ 20 2 I<br>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:  | (□ Building Official □ Certified In  | Date:  |  |
| SECTION C:  FIF   | RE / SAFETY OFFICIAL □ OTHER (   | (specify Certification:);  |  |
| I have inspected the  | project and, in my considered opinio   | on, the work is in compliance with applicable statutes, rules and codes.   |  |
| Name (type/print)   | The second secon | License # Expiration Date  |  |
| Signature:  | (Fire / Safety Inspector)  | Date: See attachment   |  |
| SECTION D: OWN  | ER ACCEPTANCE  |  |  |
| Upon the recommen   |  | Professional in Section A above, and in accordance with Chapter 1013,  |  |
| Name (type or print):<br>Signature of Designe   |  | Dakley Date: 04/20/22  |  |
| _   |  |  |  |





## CERTIFICATE OF COMPLETION

| For each completed project, submit one copy for the project permit file and one copy to the cost center Administrator.  |                                |  |  |
|---|--------------------------------|--|--|
| Date:   | 07/19/2021                     |  |  |
| Location:   | HERNANDO HIGH                  |  |  |
| HIGH  | BEL-131-20                     |  |  |
| Project:  | THEATER RENOVATION             |  |  |
|   |                                |  |  |
| 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: 8/5/21   |                                |  |  |
| License # / Expiration Date: 11/30/2023   |                                |  |  |
| 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 Name (Type or Print)  143319 12/22 License #  |                                |  |  |
| Signature   | : William & Hall Date: 8/16/21 |  |  |