

<b>Design Professional:</b> <b>Return completed form to:</b> <b>Hernando County School District</b> <b>Facilities Operations Department</b>	<b>CERTIFICATE</b> <b>OF</b> <b>FINAL INSPECTION</b>	<b>Form OEF 209 – HCSB</b>
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Facility Name: Winding Waters K8

☒ School ☐ Other Facility

Project Description: Winding Waters K8 Kitchen Renovations

Project No: 2158HSCS.03

**SECTION A: OWNER ACCEPTANCE**

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

Name (type or print): Brian R. R. R.

Signature of Designee:

[Signature]

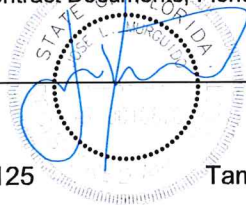
Date:

4/10/24

**SECTION B: (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: 04/08/2024

Firm Name: Zyscovich Architects

Address: 3505 E. Frontage Rd Suite 125 Tampa FL 33607  
Street City State Zip

**1. TYPE OF PROJECT:**

- ☐ New Facility ☐ Addition  
☐ Remodeling ☒ Renovation  
☐ Other

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

- ☐ Yes ☐ No ☐ N/A If "No", explain:

3. OCCUPANCY DATE: 06/20/2023

4. COMPLETION DATE: 04/08/2024

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

**SECTION C: ☐ 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:

[Signature]

301294

11/2025

Date:

04/16/2024

☒ Building Official ☒ Certified Inspector