

FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities

CERTIFICATE OF FINAL INSPECTION

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|---|---------------------|
| TO: 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 | OEF USE ONLY |
| INSTRUCTIONS: 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 1 _____ 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: 08/02/2024 | |
| Firm Name: SGM Engineering | | | |
| Address: 5301 Waterford District Drive, Suite 750 | Miami | Florida | 33126 |
| Street/P.O. Box | City | State | Zip |

SECTION C: ■ Building Official □ Other (Specify) Certification _____

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| 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: Otto J Letzelter | Date: 08.08.2024 |
| Digitally signed by Otto J Letzelter Date: 2024.08.08 05:35:23 -04'00' | |
| ■ Building Official ■ Certified Inspector | |

SECTION D: FACILITY INFORMATION.

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| 1. TYPE OF PROJECT: □ New Plant □ Addition □ Remodeling ■ Renovation □ _____ | 2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: ■ Yes □ No □ N/A If "No," explain: _____ |
| 3. SOURCE OF FUNDS: □ Local □ State ■ Federal □ _____ | 4. ADJUSTED FINAL CONTRACT AMOUNT: \$ 5,166,345.50 |
| | 5. PROJECT GROSS SQUARE FOOTAGE: 88,781 SQ. FT. |
| | 6. COST PER GROSS SQUARE FOOT: \$ 58.19 |
| 7. COST PER STUDENT STATION: \$ 6,323.56 | |

CERTIFICATE OF FINAL INSPECTION (CFI)

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| 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>(4.50)</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: | |
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