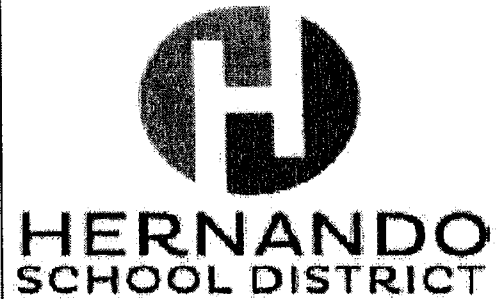


Design Professional:
Return completed form to:
Hernando County School
District
Facilities Operations
Department

CERTIFICATE OF COMPLETION



Facility Name: Spring Hill Elementary School, Building 14 _____ (X School ☐ Other Facility)

Project Description / Phase: Roof Replacement and Elevation Repairs _____ Permit No. B-043-23-SHES_

In accordance with Section 111.5 of the Florida Building Code, and as indicated below by the Building Code Official and Fire/Safety Official, the project is hereby certified to be complete.

SECTION A: (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: 02/20/2024

Firm Name: _____

A/R/C Associates, Inc.

Address: _____

601 North Fern Creek Avenue, Tampa, FL 32804

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:

09/18/2023 (Date of Substantial Completion)

4. COMPLETION DATE:

12/22/2023 (Date of Final Completion Inspection)

(enter the date 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) _____

Otto J Letzelter, BCA

License # _____

BU 1294

Expiration Date _____

11-2025

Signature: _____

Date: _____

02-21-2024

☒ Building Official ☒ Certified Inspector

SECTION C: ☐ FIRE / SAFETY 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) _____

William Lyman

License # _____

143319

Expiration Date _____

12/26

Signature: _____

Date: _____

2/21/24

(Fire / Safety Inspector)

SECTION D: OWNER ACCEPTANCE

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

Name (type or print): _____

Desmond Mauer

Signature of Designee: _____

Date: _____

2/21/24