

FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities

CERTIFICATE OF FINAL INSPECTION

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 _____

_____ (☐ School District ☐ Florida College)

_____ (☐ School Name ☐ Campus)

_____ (☐ School ☐ College) Code Number _____

_____ Description of Project _____

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (<input type="checkbox"/> Architect <input type="checkbox"/> 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: _____
(<input type="checkbox"/> Superintendent <input type="checkbox"/> President)	

SECTION B: (☐ ARCHITECT ☐ ENGINEER) CERTIFICATION

As PROJECT (<input checked="" type="checkbox"/> ARCHITECT <input type="checkbox"/> 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: <u>02/04/2025</u>		
Firm Name: <u>Furr, Wegman & Banks Architects, P.A.</u>			
Address: <u>625 E. Orange Street</u>	<u>Lakeland</u>	<u>FL</u>	<u>33801</u>
Street/P.O. Box	City	State	Zip

SECTION C: X ☐ 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) <u>Otto J Letzelter, BCA BU1294</u>	
Signature: _____	Date: <u>02.04.2025</u>
(<input type="checkbox"/> X Building Official <input checked="" type="checkbox"/> X Certified Inspector)	

SECTION D: FACILITY INFORMATION.

1. TYPE OF PROJECT: <input checked="" type="checkbox"/> New Plant <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input type="checkbox"/> Renovation <input type="checkbox"/> _____	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain: _____
3. SOURCE OF FUNDS: <input type="checkbox"/> Local <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____	4. ADJUSTED FINAL CONTRACT AMOUNT: \$ <u>8,816,938.15</u>
	5. PROJECT GROSS SQUARE FOOTAGE: <u>20,050</u> SQ. FT.
	6. COST PER GROSS SQUARE FOOT: \$ <u>439.75</u>
	7. COST PER STUDENT STATION: \$ <u>37,518.89</u>

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: _____		COMPLETION DATE: <u>February 4th, 2025</u>	
9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).			
C.O. No. <u>CO 001</u>	\$ <u>(\$1,690,000.00)</u>	C.O. No. _____	\$ _____
C.O. No. <u>CO 002</u>	\$ <u>\$388,326.35</u>	C.O. No. _____	\$ _____
C.O. No. <u>CO 003</u>	\$ <u>\$268,884.96</u>	C.O. No. _____	\$ _____
C.O. No. _____	\$ _____	C.O. No. _____	\$ _____
10. Date of Occupancy: <u>February 4th, 2025</u>			
11. Additional Information:			