

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

CERTIFICATE OF COMPLETION



Facility Name: Eastside Elementary Building 300 (☒ School ☐ Other Facility)
Project Description / Phase: Roof / HVAC Replacement Permit No. _____

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: William J. Schultz William J. Schultz, P.E. Date: 4/11/24
Firm Name: RET Engineers, Inc. FL Engineer No. 43412
Address: 9720 Princess Palm Ave, Suite 144 Tampa FL 33619
Street City State Zip

1. TYPE OF PROJECT:

☐ New Facility ☐ Addition
☐ Remodeling ☐ Renovation
☒ Other Roof/HVAC replace

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

☐ Yes ☐ No ☒ N/A If "No", explain: _____

3. OCCUPANCY DATE:

10/18/23

4. COMPLETION DATE:

4/11/24

(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 # BU1294 Expiration Date 11.2025
Signature: Otto J Letzelter Digitally signed by Otto J Letzelter
Date: 2024.04.11 08:33:58 -04'00' Date: 04.11.2024
(☒ 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 L Hall License # 143319 Expiration Date 12/26
Signature: William L Hall Date: 4/11/24
(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): Osmond Mandy
Signature of Designee: [Signature] Date: 4/11/24