

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**
Hernando County School District _____ (☒ School District ☐ Florida College)
Nature Coast Technical High School _____ (☒ School Name ☐ Campus)
_____ (☒ School ☐ College) Code Number
Roof Replacement and Designated Repairs, Phase 1 of 2 _____ **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 checked="" 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>December 15th</u> , <u>2025</u>
Firm Name: <u>A/R/C Associates, Inc.</u>	
Address: <u>601 North Fern Creek Avenue, Orlando, FL 32803</u>	
Street/P.O. Box	City State Zip

SECTION C: ☒ 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 Letzelger</u>	
Signature: _____	Date: <u>12-15-2025</u>
<input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Certified Inspector	

SECTION D: FACILITY INFORMATION.

1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input type="checkbox"/> Renovation <input type="checkbox"/> Roof replacement	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain: _____
3. SOURCE OF FUNDS: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____	4. ADJUSTED FINAL CONTRACT AMOUNT: \$ <u>1,779,469.00</u>
	5. PROJECT GROSS SQUARE FOOTAGE: <u>105,924</u> SQ. FT.
	6. COST PER GROSS SQUARE FOOT: \$ <u>16.80</u>
7. COST PER STUDENT STATION: \$ _____	

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8. BUILDING CONTRACT DATE: <u>June 25th, 2024</u>		COMPLETION DATE: <u>August 22nd, 2025</u>	
9. CHANGE ORDERS - List of each Change Order and amount (excluding Direct Purchase amounts).			
C.O. No. <u>001</u>	\$ <u>(137,270.00)</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>Entire project</u>			
11. Additional Information:			