

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

CERTIFICATE OF COMPLETION



Facility Name: POWELL MIDDLE SCHOOL (X School Other Facility)

Project Description / Phase: ROOF COATING, HVAC REPLACEMENT, AND LADDER RECEIVERS 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: _____ Date: 8/13/2024

Firm Name: Raymond Engineering-Georgia, Inc.

Address: 9100 Conroy Windermere Rd Suite 200 Windermere FL 34786
Street City State Zip

1. TYPE OF PROJECT:

- New Facility Addition
 Remodeling Renovation
 Other Maintenance

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

- Yes No N/A If "No", explain: _____

3. OCCUPANCY DATE:

08.13.2024

4. COMPLETION DATE:

08.13.2024

(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 Date: 08.27.2024

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: 8/27/2024

(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: Desmond Mauer Date: 8/27/2024