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

CERTIFICATE OF COMPLETION



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Facility Name:	Springstead Hig	(× School : Other Facility)						
Project Description / Phase: Theater Renovation					Permit No_BEL-130-20			
	ccordance with Sec Iding Code Official			_		-		
SECTION A: (ARCI	HITECT / ENGINEER	₹)						
I have reviewed the completed in accord		Contract Documents	, Florida Stati	ites, and the Fi	orida Buildin	g Code.		
Signature/Seal:	Sout Vert				Date: /	April 12,	2022	
Firm Name:	_ FINDET_							
Address:	2714 PR. MLK Street	TRISIU.	<u>जा</u> , हड़ा।	EKS BURG City	State	337 <i>ン</i> 。 Zip	<u> </u>	
	.U1.	2. COMPLETED FA	CILITY SPAC	CE CHART HAS	S BEEN FILE	ED WITH THE DIS	STRICT:	
3. OCCUPANCY DA	ATE:	***************************************	NA	warmus - manusum		Carriella III II Ambien (1854) de de debal en livella en El Africa de Çinene (1881).		
4. COMPLETION DATE:		22 (enter the date that	ゴ <mark>リ</mark> しソ all contractua	ての2。 I work, including	g close out re	equirements are o	complete)	
SECTION B: TI BU				SERVING VIOLE			e e e e e e e e e e e e e e e e e e e	
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)	·		Licer	nse #	E	xpiration Date		
Signature:	(□ Building Officia	al □ Certified Inspe	Date	e att	rachi	iont	· · · · · · · · · · · · · · · · · · ·	
SECTION C: FIRE / SAFETY OFFICIAL OTHER (specify Certification;):								
I have inspected the	project and, in my c	onsidered opinion, th	ne work is in o	compliance with	applicable s	tatutes, rules and	l codes.	
Name (type/print)			Licens	se#	Ex	piration Date		
Signature	(Fire / Safety Inspe	ector) See	Date:	nch men	+	ann an t-aireadh a t-airean an t-airean	***************************************	
SECTION D: OWN	ER ACCEPTANCE							
Upon the recommend F.S., the above refere				ection A above	, and in acco	ordance with Char	oter 1013,	
Name (type or print): Signature of Designe	e: Kich	and Vak	ley Tak (or)	Y /	 _ Date:	04/20/2	22	
		·- ·		7			``````````````````````````````````````	



For each completed project, submit one copy for the project permit file and one copy to the cost center Administrator.

Date:	08/05/2021			
Location:	SPRINGSTEAD HIGH			
HIGH	BEL-130-20			
Project:	THEATER RENOVATION			
BUILDING CC	DDE ADMINISTRATOR			
In accordance with Section 106.2, Florida Building Code, and upon recommendation of the Building Code Administrator and Safety Inspector as stated below, the project is complete.				
Signature: Date: 9/16/21				
License #	✓ / Expiration Date:11/30/2023			
FIRE / SAFET	Y INSPECTOR CERTIFICATION			
I have inspected the project and, to the best of my knowledge and ability, I have determined that the safety systems are working satisfactorily; the facility is in compliance with statutes, rules and codes affecting the health and safety of its occupants.				
Fire / Safe	Name (Type or Print) 143319 License #			
Signature	1.1.10111 11 01			