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

CERTIFICATE OF COMPLETION



Facility Name: Brooksville Elementary School							ther Facility)
Project Description / Phase: HVAC Replacement Phase						Permit No_BMEL	030-23-BES
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: (ARCI	HITECT / ENGINE	ER)					
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:	B				Date:	08/02/2024	
Firm Name:	SGM Engine	ering /					
Address:	5301 Waterfo	ord District Drive, S	uite 750	Miami	FI	33126	
	Street		6	City	State	Zip	
	JAddition IRenovation	2. COMPLETED FACIL ■ Yes □ No 08/08/2024	LITY SPAC □ N/A		AS BEEN I		DISTRICT:
4. COMPLETION DATE: 08/08/2024							
		(enter the date that all	contractual	work, includ	ling close o	ut 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 Letz Signature: Otto J Letze			Licen	08/0	294 8/2024	_ Expiration Date	11/01/202
olgridiaio.	(■ Building Off	ficial Certified Inspector		-			
SECTION C: A 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	Licens	e# <u>/4/3</u>	319	Expiration Date	12/26
Signature:	(Fire / Safety In	spector)	Date:	8/8	2024		
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): Kichgrd Oakley,							
Signature of Designee: #ichard Obt / Cu Date: 8/8/2024							