

Design Professional: Return completed form to: Hernando County School District Facilities Operations Department	CERTIFICATE OF FINAL INSPECTION	Form OEF 209 – HCSB
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Facility Name: Brooksville Elementary School

Project Description: Capacity Improvements

☒ School ☐ Other Facility

Project No:

SECTION A: OWNER ACCEPTANCE

Upon the recommendation and Certification of the Design Professional in Section B below, in accordance with Chapter 1013, F.S., the above referenced project is ACCEPTED by the Owner.

Name (type or print): *Richard Oakley*
 Signature of Designee: *Richard Oakley*

Date: *06/07/2024*

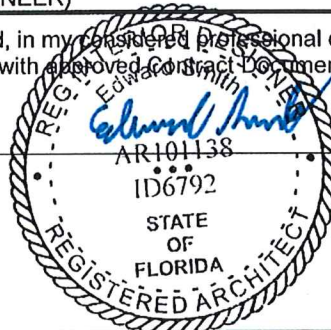
SECTION B: (ARCHITECT / ENGINEER)

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: _____

Firm Name: _____

Address: _____
 Street



Date: *6/6/24*

*Long and Associates
Architects/Engineers, Inc.*

City *Tampa* State *FL* Zip *33611*

1. TYPE OF PROJECT:

☒ New Facility ☐ Addition
☐ Remodeling ☐ Renovation
☐ Other

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

☒ Yes ☐ No ☐ N/A If "No", explain:

3. OCCUPANCY DATE: *04/12/23*

4. COMPLETION DATE: *04/10/24*

(enter the date that all contractual work, including close out requirements are complete)

SECTION C: ☒ 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, PE, BCA*

License # *BU1294*

Expiration Date *11.2025*

Signature: *Otto J Letzelter*
Digitally signed by Otto J Letzelter
Date: 2024.06.07 10:59:03 -0400

Date: *06.07.2024*

☒ Building Official ☒ Certified Inspector

Design Professional: Return completed form to: Hernando County School District Facilities Operations Department	CERTIFICATE OF FINAL INSPECTION	Form OEF 209 – HCSB
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Facility Name: Suncoat Elementary School

Project Description: Capacity Improvements

☒ School ☐ Other Facility

Project No: NA

SECTION A: OWNER ACCEPTANCE

Upon the recommendation and Certification of the Design Professional in Section B below, in accordance with Chapter 1013, F.S., the above referenced project is ACCEPTED by the Owner.

Name (type or print):

Richard Oakley

Signature of Designee:

Richard Oakley

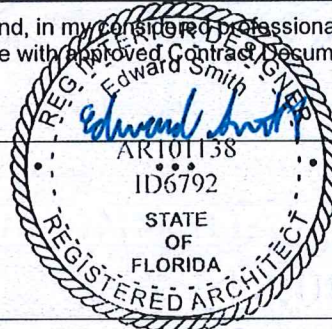
Date:

06/07/2024

SECTION B: (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:

6/6/24

Firm Name:

Long and Associates Architects/Engineers, Inc.

Address:

Street

City

Tampa

State

FL

Zip

33611

1. TYPE OF PROJECT:

- ☒ New Facility ☐ Addition
☐ Remodeling ☐ Renovation
☐ Other

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

- ☒ Yes ☐ No ☐ N/A

If "No", explain:

3. OCCUPANCY DATE:

04/12/2023

4. COMPLETION DATE:

04/10/2024

(enter the date that all contractual work, including close out requirements are complete)

SECTION C: ☒ 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, PE, BCA

License # BU1294

Expiration Date

11.2025

Signature:

Otto J

Letzelter

Date: 06.07.2024



☐ Building Official

☒ Certified Inspector

Design Professional: Return completed form to: Hernando County School District Facilities Operations Department	CERTIFICATE OF FINAL INSPECTION	Form OEF 209 – HCSB
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Facility Name: Westside Elementary School ☒ School ☐ Other Facility
 Project Description: Capacity Improvements Project No:

SECTION A: OWNER ACCEPTANCE

Upon the recommendation and Certification of the Design Professional in Section B below, in accordance with Chapter 1013, F.S., the above referenced project is ACCEPTED by the Owner.

Name (type or print): *Richard Oakley*
 Signature of Designee: *[Signature]* Date: *06/07/2024*

SECTION B: (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: *[Signature]* Date: *6/6/24*
 Firm Name: *Long and Associates Architects/Engineers, Inc.*
 Address: *[Address]* City: *Tampa* State: *FL* Zip: *33611*

1. TYPE OF PROJECT:
☒ New Facility ☐ Addition
☐ Remodeling ☐ Renovation ☐ Other
 2. COMPLETED FACILITY SPACE CHART HAS BEEN FILED WITH THE DISTRICT:
☒ Yes ☐ No ☐ N/A If "No", explain:
 3. OCCUPANCY DATE: *04/12/23*
 4. COMPLETION DATE: *04/10/24*
 (enter the date that all contractual work, including close out requirements are complete)

SECTION C: ☐ 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, PE,BCA* License # *BU1294* Expiration Date *11.2025*
 Signature: *[Signature]* Date: *06.07.2024*
☒ Building Official ☒ Certified Inspector

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Facility Name: Westside Elementary School

☒ School ☐ Other Facility

Project Description: Fire Alarm Replacement

Project No:

SECTION A: OWNER ACCEPTANCE

Upon the recommendation and Certification of the Design Professional in Section B below, in accordance with Chapter 1013, F.S., the above referenced project is ACCEPTED by the Owner.

Name (type or print): *Richard Oakley*

Signature of Designee: *Richard Oakley*

Date: *06/07/2024*

SECTION B: (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.

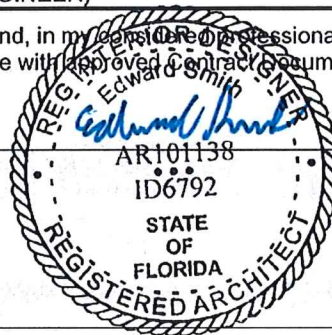
Signature/Seal: _____

Date: *6/6/24*

Firm Name:

Address:

Street



Long and Associates Architects/Engineers, Inc.
City *Tampa*, State *FL* Zip *33611*

1. TYPE OF PROJECT:

- ☐ New Facility ☐ Addition
☐ Remodeling ☒ Renovation
☐ Other

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

- ☐ Yes ☐ No ☒ N/A

If "No", explain:

3. OCCUPANCY DATE:

4. COMPLETION DATE:

(enter the date that all contractual work, including close out requirements are complete)

SECTION C: ☒ 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, PE, BCA*

License # *BU1294*

Expiration Date *11.2025*

Signature: _____

Letzelter

Date: *06.07.2024*

☒ Building Official ☐ Certified Inspector

Design Professional: Return completed form to: Hernando County School District Facilities Operations Department	CERTIFICATE OF FINAL INSPECTION	Form OEF 209 – HCSB
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Facility Name: Brooksville Elementary School ☒ School ☐ Other Facility
 Project Description: Fire Alarm Replacement Project No:

SECTION A: OWNER ACCEPTANCE

Upon the recommendation and Certification of the Design Professional in Section B below, in accordance with Chapter 1013, F.S., the above referenced project is ACCEPTED by the Owner.

Name (type or print): *Richard Oakley*
 Signature of Designee: *Richard Oakley* Date: *06/07/2024*

SECTION B: (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: *Edmund Smith* Date: *6/6/24*
 Firm Name: *Long and Associates Architects/Engineers Inc.*
 Address: *4525 S. Manhattan Ave*
 City: *Tampa* State: *FL* Zip: *33611*

1. TYPE OF PROJECT:
- ☐ New Facility ☐ Addition
☐ Remodeling ☒ Renovation
☐ Other
2. COMPLETED FACILITY SPACE CHART HAS BEEN FILED WITH THE DISTRICT:
- ☐ Yes ☐ No ☒ N/A If "No", explain:

3. OCCUPANCY DATE: *02/15/2024*

4. COMPLETION DATE: *04/10/2024*

(enter the date that all contractual work, including close out requirements are complete)

SECTION C: ☒ 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, PE, BCA* License # *BU1294* Expiration Date *11.2025*
 Signature: *Otto J Letzelter* Date: *06.07.2024*
☒ Building Official ☒ Certified Inspector