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

CERTIFICATE OF COMPLETION



Facility Name: Winding Waters K8					School Other Facility)		
Project Descriptio	n / Phase: _W	/inding Waters K8 Kitchen Reno	ng Waters K8 Kitchen Renovations		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: (ARCI							
completed in accord	project and, in ance with appr	my considered professional opinic oved Contract Documents: Florida	on, the work requ Statutes, and the	e Florida Buildin O	struction Contra g Code. 4/08/2024	ct has been	
Signature/Seal:	zure/Seal:						
Firm Name:	3505 E. Frontage Rd Suite 125 Tampa			mna	FL	33607	
Address:	Street	Untage Na Gate 725	City	State	Zip	00001	
□Remodeling ■	YPE OF PROJECT: New Facility □Addition 2. COMPLETED FACILITY SPACE CHART HAS BEEN FILED WITH THE DISTRICT: Remodeling ■Renovation Other □ Yes □ No □ N/A If "No", explain:						
3. OCCUPANCY DA	ATE:	06/20/2023					
4. COMPLETION DATE:		04/08/2024 (enter the date that all contractual work, including close out requirements are complete)					
		CIAL ☐ OTHER (specify Certification my considered opinion, the work				and codes.	
Name (type/print) Signature:	Otto	Justella		1294	Expiration Date		
SECTION C: 🎵 FI	RE / SAFETY (OFFICIAL □ OTHER (specify Cer	tification:):		
I have inspected the project and, in my considered opinion, the work is in compliance with applicable statutes, rules and codes.							
Name (type/print) Signature:	Wil		License # 143	3319 E	xpiration Date	12/26	
SECTION D: OWN							
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) Signature of Design		RIAN RALAN		 Date:	1/10/29	/	