

Return completed form as needed to:  
 Office of Educational Facilities  
 325 West Gaines Street, Room 1054  
 Tallahassee, Florida 32399-0400  
 (850) 245-0494  
 Fax (850) 245-9236 or (850) 245-9304

FLORIDA DEPARTMENT OF EDUCATION  
 Office of Educational Facilities  
**CERTIFICATE OF OCCUPANCY**

OEF USE ONLY

INSTRUCTIONS: Submit one copy of the completed form for each project over \$300,000. Reproduce this form in sufficient quantity for your use.

RE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(  School District  Florida College )  
 (  School Name  Campus )  
 Description of Project  
 EFIS Number (if applicable)

In accordance with Section 1013.37(2)(c), Florida Statutes, and upon recommendation of the project architect/engineer and the certified inspector, as stated below, the subject project is ready for occupancy.

Signature: \_\_\_\_\_  
 Superintendent  President  Designee

Date: \_\_\_\_\_

Intended Occupancy Date: \_\_\_\_\_

**PROJECT ARCHITECT/ENGINEER AND CERTIFIED INSPECTOR** I have inspected the subject project and, to the best of my knowledge and ability, I have determined that the safety systems\* and the facility are in compliance with statutes, rules, and codes affecting the health and safety of its occupants; and that no asbestos-containing materials were specified for use in this building, nor to the best of my knowledge were asbestos containing materials used in the construction of this project.

**Architect or Engineer of Record:**

_____	_____	_____
High Performance Green Building Standard Used [S. 255.2575(2), F.S.]		Rating Achieved
_____	_____	_____
Name (Type or Print)	License #	Expiration Date
Signature: _____		
<input type="checkbox"/> Architect <input type="checkbox"/> Engineer		

**Building Official:**

_____	_____	_____
Name (Type or Print)	License #	Expiration Date
Signature: _____		

**Contractor:**

_____	_____	_____
Name (Type or Print)	License #	Expiration Date

**Threshold Inspector (if applicable):**

_____	_____	_____
Name (Type or Print)	License #	Expiration Date

**Project Information**

As-built lowest floor elevation (for new construction) \_\_\_\_\_

Code/Edition \_\_\_\_\_ Occupancy Type(s) \_\_\_\_\_ Construction Type(s) \_\_\_\_\_ Occupant Load \_\_\_\_\_

Automatic Sprinkler System Required \_\_\_Y\_\_\_N District/Florida College Permit Number \_\_\_\_\_

Special Permit Stipulations \_\_\_\_\_

\*Safety systems include, but are not limited to: exiting; safety; rescue; fire rating; fire protection; means of egress; master valves; eye wash and dousing shower in science labs; emergency disconnects in shops; fume and dust collection systems; heat and smoke detectors, stage protection including curtain operation, smoke vent, sprinklers, etc.; kitchen hood; fire sprinklers; smoke venting; illumination of means of egress; emergency lighting; emergency power; exit lights; fire alarm systems with required incidental functions; fire extinguishers; fuel fired heaters; electrical illumination; electrical system required ventilation; toilet facilities; kitchen hot water supply; water supply; and sewage disposal as they apply to this project.

