

Return completed form as needed to:
 Office of Educational Facilities
 325 West Gaines Street, Room 1054
 Tallahassee, Florida 32399-0400
 (850) 245-0494, SUNCOM 205-0494
 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 \$200,000. Reproduce this form in sufficient quantity for your use.

RE: _____

School District Community 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* are working satisfactorily; the facility is 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: _____
 Architect 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

Code/Edition _____ Occupancy Type(s) _____ Construction Type(s) _____ Occupant Load _____

Automatic Sprinkler System required ____Y ____N District/Community 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.