

FLORIDA GULF COAST UNIVERSITY
CERTIFICATE OF SUBSTANTIAL COMPLETION

Permit #: _____ Date: _____
Project Name: _____

The Work, or portion of the Work identified above, was inspected and found to be substantially completed as of _____. **This includes final inspection written approval for occupancy by the Building Code Official and by the State Fire Marshal, as applicable.**

The Date of Substantial Completion of the Work or designated portion thereof is the date certified by the Architect/Engineer when construction is sufficiently complete, in accordance with the Contract Documents, so the Owner can occupy or utilize the Work or designated portion thereof for the use for which it was intended.

A list of remaining items to be completed or corrected is appended hereto, if applicable. This list may not be exhaustive and the failure to include an item on it does not alter the responsibility of the Contractor to complete all the Work in accordance with the Contract Documents, including authorized changes thereto.

The Contractor shall complete or correct the Work on the list of items appended hereto within _____ calendar days from the Date of Substantial Completion.

Owner assumes full possession and responsibility for security of the facility above described on _____.

The responsibility of the Contractor to provide utilities shall cease on the date the Architect/Engineer determines the Work to have been substantially completed in accordance with the requirements of the Contract Documents. On the date so established by the Architect/Engineer as the date of Substantial Completion of the project, or beneficial occupancy, whichever comes first, the one-year warranty shall commence running. All insurance coverages shall continue in force as provided by the Contract Documents.

ARCHITECT/ENGINEER

CONTRACTOR

(Type name of firm)

(Type name of firm)

By: _____

By: _____

(Authorized Representative)

(Authorized Representative)

FLORIDA GULF COAST UNIVERSITY

By: _____