

# School District of Clay County Certificate of Substantial Completion

Having completed all requirements as outlined within the project specifications and drawings, I certify that the project listed below is substantially completed and has been constructed in accordance with said documents.

Project Title: Clay County School "NN" Building 5, and Playfields

School: Oakleaf School K-8

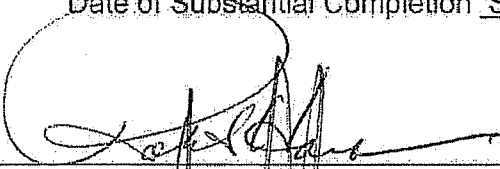
SDCC Project Number: C-6-04/05

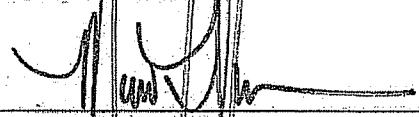
OEF Project Number: \_\_\_\_\_

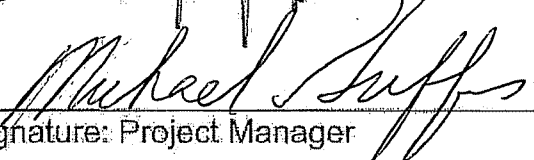
Project Architect: JRA Architects

Project Contractor: Barton Malow Company

Date of Substantial Completion September 28, 2006

  
Signature: Contractor \_\_\_\_\_ Date Oct. 4, 2006

  
Signature: Architect/Engineer \_\_\_\_\_ Date Oct. 6, 2006

  
Signature: Project Manager \_\_\_\_\_ Date Oct. 6, 2006

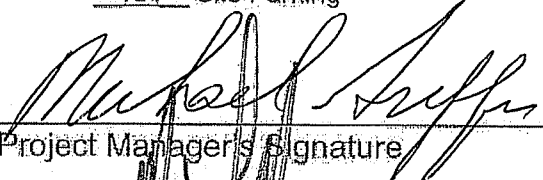
# School District of Clay County Substantial Inspection Report

Project Name: Clay County School "NN" Building 5, Playfields & Remainder of Project  
 SDCC Project Number: C-6-04/05  
 OEF Project Number: \_\_\_\_\_  
 School/Campus: Oakleaf School K-8  
 Contractor: Barton Malow Company  
 Architect/Engineer: JRA Architects  
 Inspection Date: \_\_\_\_\_  
 Inspected By: Larry Swanson  
 Accompanied by: Todd Sweatland  
                           Robert Cumpton  
 \_\_\_\_\_  
 \_\_\_\_\_

A. Threshold Building included in project?  Yes  No  
 (If yes, has the District received the letter of certification from the Threshold Inspector?)  Yes  No

B. Systems and areas Inspected:


- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Fire Alarm and Detectors      | <input type="checkbox"/> Fire Hydrant Test                       |
| <input checked="" type="checkbox"/> HVAC Shut-down                | <input type="checkbox"/> Elevator Certification                  |
| <input checked="" type="checkbox"/> Inter-Com System              | <input checked="" type="checkbox"/> Well Certification/Test      |
| <input checked="" type="checkbox"/> Signage                       | <input checked="" type="checkbox"/> Water Certification/Test     |
| <input checked="" type="checkbox"/> Emergency Power Shut-down     | <input checked="" type="checkbox"/> Kitchen Hood Certification   |
| <input checked="" type="checkbox"/> Emergency Generator Operation | <input checked="" type="checkbox"/> Fire Sprinkler Certification |
| <input checked="" type="checkbox"/> Emergency Lighting            | <input checked="" type="checkbox"/> Lift Station Test            |
| <input checked="" type="checkbox"/> Exiting & Exit Lights         | <input checked="" type="checkbox"/> HVAC Test & Balance          |
| <input checked="" type="checkbox"/> Glazing                       | <input checked="" type="checkbox"/> Carpet Certification/Test    |
| <input checked="" type="checkbox"/> Fire Extinguishers            | <input checked="" type="checkbox"/> DEP Certification/Clearance  |
| <input checked="" type="checkbox"/> Toilet Facilities             | <input checked="" type="checkbox"/> SJRWMD Inspection/Clearance  |
| <input type="checkbox"/> Food Preparation                         | <input checked="" type="checkbox"/> Safety Conditions Interior   |
| <input type="checkbox"/> Site Lighting                            | <input checked="" type="checkbox"/> Safety Conditions Exterior   |
| <input type="checkbox"/> Site Parking                             |  |

  
 \_\_\_\_\_  
 Project Manager's Signature

Oct. 6, 2006  
 \_\_\_\_\_  
 (Date)

  
 \_\_\_\_\_  
 Architect/Engineer's Signature

Oct. 10, 2006  
 \_\_\_\_\_  
 (Date)

  
 \_\_\_\_\_  
 Contractor's Representative Signature

Oct 4, 2006  
 \_\_\_\_\_  
 (Date)