

August 18, 2014

MEMORANDUM

TO:

District Board of Trustees

FROM:

Jim Murdaugh, President

SUBJECT:

Certificate of Final Inspection for TCC Dental Hygiene Phase I

Renovation

Item Description

This item requests Board approval of the Certificate of Final Inspection, Office of Educational Facilities (OEF) Form 209, for the Dental Hygiene Phase I Renovation project.

Overview and Background

In support of Board Policy Number 11-12, Reduction of Retainage for Construction, Renovation and Remodeling Projects, TCC staff developed Administrative Procedure 11-12AP. By this Procedure, the College will complete OEF Form 209, Certificate of Final Inspection, for projects with a construction value over \$250,000. The form must be signed by the architect or engineer of record and by the Uniform Building Code Inspector, and then be approved by the Board.

The Construction Manager for the project has completed all close out requirements for the Dental Hygiene Phase I Renovation. TCC staff recommends Board acceptance of the project.

Past Actions by the Board

The Board previously approved the Certificate of Final Inspection for the TCC Organic Chemistry Lab Renovation at the May 19, 2014 Board meeting.

Funding/Financial Implications

Phase I of the construction project is complete. Final payment to the contractor is contingent upon Board approval. Phase II of the project is being constructed by the same contractor under a separate Guaranteed Maximum Price, which was approved by the Board at the April 21, 2014 meeting.

Staff Resource

Teresa Smith

Recommended Action

Approve the Certificate of Final Inspection, OEF Form 209, for the Dental Hygiene Phase I Renovation.

FLORIDA DEPARTMENT OF EDUCATION Office of Educational Facilities

CERTIFICATE OF FINAL INSPECTION

	0211111 107112 OF 1 111712 11101 2011	911
	cational Facilities (OEF)	OEF USE ONLY
	nes Street, Room 1054	
	Florida 32399-0400	
(850) 245-04 Fax (850) 245	94, 0494 or (850) 245-9304	
	files one copy of the completed form for all projects	-
with construction costs exceeding	g \$300,000. Mark the appropriate term within the	
parentheses. Reproduce this t	orm in sufficient quantity for your use. Section	
1013.37(2)(c), F.S.		
RE: N/A		OEF Assigned Project Number
		/El Colo el District El Community College)
,		
Site 1, Bldg. 6, Main Camp	us	
_27		
Dental x-ray lab remodel		Description of Project
SECTION A: BOARD'S ACCEPTANCE		
Upon the recommendation of our Proje BOARD ACCEPTED the above-referen	ct (Architect Engineer) in his certification in Section B be ced project on	low, in accordance with Chapter 1013, F.S., THE
Name (Type or Print)		
Signature:	Dat	e:
	rintendent 🗵 President)	
SECTION B: (⊠ ARCHITECT □ ENG	,	
	GINEER), I have inspected this project and, in my consider leted in accordance with approved contract documents; Chap	
Chapter 553, FS and the Florida Build Signature:	ng Code.	tiel 1013, Florida Statutes, Rule 6A-2.0010, FAC,
Signature:	Date:	7/31/2014
Firm Name: Barriett, Fronczak, Barlo	ve Architects	
	Tallahassee, Florida 32301	
Street/F	O. Box City	State Zip
SECTION C: Building Official Oth	er (Specify) Certification Click here to enter number.	
I have inspected the project and, in my	considered opinion, it is complete and in accordance with app	licable statutes, rules, and codes.
	als s	
Name (Type or Print) Bill Hunter	[M.]	
Signature:	WHINNA.	Date: <u>7/31/2014</u>
⊠ Buil	ling Official ☐ Certified Inspector	
SECTION D: FACILITY INFORMATION		
TYPE OF PROJECT: □ New Plants		(land building room) HAS BEEN FILED WITH
☐ Addition ☐ Remod		
☐ Renovation ☐ text.	-	
3. SOURCE OF FUNDS:	4. ADJUSTED FINAL CONTRACT AMOUNT:	\$ <u>262,552.70</u>
□ Local □ State	5. PROJECT GROSS SQUARE FOOTAGE:	<u>1602</u> SQ. FT.
☐ Federal	ion 6. COST PER GROSS SQUARE FOOT:	\$163.89
	7. COST PER STUDENT STATION: \$ 21.879.39	+

DOE Page 1 of 2

CERTIFICATE OF FINAL INSPECTION (CFI)

BUILDING CONTRACT DATE: 1/21/2014 COMPLETION DATE: CHANGE ORDERS - List of each Change Order and amount:	
9. CHANGE ORDERS - LIST OF EACH Change Order and amount.	
C.O. No. Click here to enter text. \$ Click here to enter text.	C.O. No. Click here to enter text. \$ Click here to enter text.
C.O. No. Click here to enter text. \$ Click here to enter text.	C.O. No. Click here to enter text. \$ Click here to enter text.
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C.O. No. Click here to enter text. \$ Click here to enter text.	C.O. No. Click here to enter text. \$ Click here to enter text.

10. Date of Occupancy: 6/2/201411. Additional Information:

Click here to enter text.

OEF 209 DOE Page 2 of 2