



BUREAU OF FACILITIES MANAGEMENT

REPORT OF FACILITIES CONSTRUCTION

&

REQUEST FOR INSPECTION & OCCUPANCY CERTIFICATION

TO: Department of Document Control and Educational Facilities Administration
155 N.E. 15th Street, Room 102
Miami, Florida 33132

RE: Miami-Dade County CODE: [ ] 6A-2 [ ] SREF 94 [ ] SREF 97 [ ] SREF 99

Facility Name \_\_\_\_\_

OEF Project # 13-\_\_\_\_\_ OEF Location # \_\_\_\_\_

MDCPS Project # \_\_\_\_\_ MDCPS Location # \_\_\_\_\_

Project Description \_\_\_\_\_

1. CHECK APPROPRIATE ITEM BELOW:

- A. REQUEST FOR INSPECTION AND FACILITY OCCUPANCY CERTIFICATE
B. REQUEST FOR NONOCCUPANCY VERIFICATION
C. CERTIFICATE OF FACILITY OCCUPANCY
D. REPORT OF FACILITIES CONSTRUCTION
E. UBCI & EFCO FINAL CERTIFICATION & APPROVAL OF THE PROJECT

2. PROJECT INFORMATION:

Adjusted Final Contract Amount: (To be completed by Document Control) \$ \_\_\_\_\_
Notice of Commencement or Contract Award Date: \_\_\_\_\_
Substantial Completion Date/Date Ready for Inspection: \_\_\_\_\_
Projected Final Inspection Date: (To be completed by EFCO or Document Control) \_\_\_\_\_
Net Square Footage of Remodeling: \_\_\_\_\_
Gross Square Footage of New Construction: \_\_\_\_\_
Funding Source: (To be completed by Document Control) \_\_\_\_\_

\*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 system; heat and smoke detectors; working 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 system with required incidental functions; fire extinguisher; 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.

**SIGNATURES/APPROVALS**

**GENERAL CONTRACTOR**       **DESIGN/BUILDER**       **CM AT-RISK**       **DEVELOPER/BUILDER**

I have substantially completed the subject project and to the best of my knowledge and ability I have determined: The safety systems\* (if applicable) are working satisfactorily; The project is in compliance with the construction documents, and codes affecting the health and safety of its occupants, and that no asbestos containing materials were used in the construction of this project.

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_  
License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PROJECT ARCHITECT/ENGINEER AND UBCI CERTIFICATION**

I have inspected the subject project and to the best of my knowledge and ability I have determined: The safety systems\* (if applicable) are working satisfactorily; The project 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 were asbestos containing materials used in the construction of this project.

Signature/SEAL \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_  
 Architect     Engineer  
License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_  
Uniform Building Code Inspector  
Certification # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**SUPERINTENDENT'S DESIGNEE**

In accordance with Section 235.26(5)(c), Florida Statutes, and upon recommendation of the project architect/engineer and the Uniform Building Code Inspector, as stated above, the subject project is ready for an occupancy inspection, and/or Occupancy Certificate and/or Non-Occupancy Certificate, by the Facilities Compliance Officer.

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_

**FACILITIES OCCUPANCY CERTIFICATE**

The subject project has been inspected by me, the undersigned Educational Facilities Compliance Officer, and to the best of my knowledge and ability I have determined: The project to be in compliance with statutes, rules, and codes affecting the health, casualty, and fire safety of the occupants and may be occupied for its intended purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_  
License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Provisions concerning occupancy: (See attached).

**UBCI & EFCO FINAL CERTIFICATION & APPROVAL OF THE PROJECT**

**UNIFORM BUILDING CODE INSPECTOR CERTIFICATION**

As Uniform Building Code Inspector, I have inspected the project and in my considered opinion, it is complete and in accordance with applicable statutes, rules, and codes.

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_  
Uniform Building Code Inspector  
Certification # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**THIS IS TO CERTIFY THAT THE REFERENCED PROJECT HAS BEEN INSPECTED BY THE UNDERSIGNED REPRESENTATIVE OF THE OFFICE OF EDUCATIONAL FACILITIES (OEF) AND IN ACCORDANCE WITH THE ARCHITECT/ENGINEER'S CERTIFICATION AND, AS NEARLY AS MAY BE DETERMINED BY THE INSPECTION, THE PROJECT HAS BEEN COMPLETED AND HAS NO OUTSTANDING MANDATORIES AND/OR PROVISOS IN ACCORDANCE WITH CHAPTER 235, F.S., AND SBE RULES CHAPTER 6A-2, FAC AND S. R. E. F.**

INSPECTED BY: Name \_\_\_\_\_ Signature \_\_\_\_\_  
License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_ DATE CFI EXECUTED: \_\_\_\_\_

**EFCO approval is only for compliance with Part III State Uniform Building Code, Section A - New Construction.**



MIAMI-DADE COUNTY PUBLIC SCHOOLS  
EDUCATIONAL FACILITIES CODE COMPLIANCE DEPARTMENT

CERTIFICATE OF OCCUPANCY AND/OR COMPLETION

RE: Miami-Dade County Public Schools     FBC 2001     FBC 2004

Facility Name \_\_\_\_\_

OEF Project # 13D \_\_\_\_\_ OEF Location # \_\_\_\_\_

Project # \_\_\_\_\_ Permit # \_\_\_\_\_ MDCPS Location # \_\_\_\_\_

Project Description \_\_\_\_\_

**1. CHECK AND INITIAL APPROPRIATE CERTIFICATION(S) REQUESTED BELOW: (BY PROJECT A/E)**

A. CERTIFICATE OF OCCUPANCY: \_\_\_\_\_  
(For occupancy certification of all projects involving new construction, remodeling and/or change of use/occupancy.)

TYPE OF OCCUPANCY :  Assembly     Business     Educational     Hazardous     Storage     Day-Care

TYPE INSPECTION REQUESTED:  Final     Partial \_\_\_\_ of \_\_\_\_ Temporary:  30 Day     60 Day     90 Day

DESCRIBE AREA OF INSPECTION: \_\_\_\_\_

B. OEF 209 \_\_\_\_\_  
(For closeout of occupancy projects)

C. CERTIFICATE OF COMPLETION: \_\_\_\_\_  
(For closeout of non occupancy projects)

**2. PROJECT INFORMATION:**

Project Type:  New Plant     New Construction (Additions)     Remodeling     Renovations     Other \_\_\_\_\_

Notice of Contract Award Date or Commencement: (Per Board Item or N. O. C.) \_\_\_\_\_

Substantial Completion Date: (To be completed by A/E, DCP or Owner's Rep.) \_\_\_\_\_

Occupancy Load per Floor: (Multi-Story Buildings) (To be completed by A/E) \_\_\_\_\_

Load per Square Foot: (Multi-Story Buildings) (To be completed by A/E) \_\_\_\_\_

Original Contract Amount: (To be completed by Document Control) \$ \_\_\_\_\_

Adjusted Final Contract Amount: (To be completed by Document Control) \$ \_\_\_\_\_  
(See Contract Management office for contract adjustment documentation.)

Net Square Footage of Remodeling: (To be completed by Document Control) \_\_\_\_\_

Gross Square Footage of New Construction: (To be completed by Document Control) \_\_\_\_\_

Contract/Project Cost per Square Foot (To be completed by Document Control) \$ \_\_\_\_\_

Contract/Project Cost per Student Station (To be completed by Document Control) \$ \_\_\_\_\_

Funding Source: (To be completed by Document Control) \_\_\_\_\_

\*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 system; heat and smoke detectors; working 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 system with required incidental functions; fire extinguisher; 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.

**NOTE: THIS CERTIFICATION SHALL BE A TWO SIDED SINGLE SHEET DOCUMENT.**

### 3. SIGNATURES/APPROVALS

GENERAL CONTRACTOR     DESIGN/BUILDER     CM AT-RISK     DEVELOPER/BUILDER

I have substantially completed the subject project and to the best of my knowledge and ability I have determined: The safety systems\* (if applicable) are working satisfactorily; The project is in compliance with the construction documents, and codes affecting the health and safety of its occupants, and that no asbestos containing materials were used in the construction of this project.

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_  
 License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### PROJECT ARCHITECT/ENGINEER

I have inspected the subject project and to the best of my knowledge and ability I have determined: The safety systems\* (if applicable) are working satisfactorily; The project 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 were asbestos containing materials used in the construction of this project.

Signature/SEAL \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_  
 Architect     Engineer  
 License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Address \_\_\_\_\_

#### FLORIDA BUILDING CODE INSPECTOR CERTIFICATION

As Florida Building Code Inspector, I have inspected the project and in my considered opinion, it is complete and in accordance with applicable statutes, rules and codes affecting the health and safety of occupants.

DISCIPLINE	NAME	SIGNATURE	CERTIFICATION	EXPIRATION DATE
COASTAL				
THRESHOLD				
CIVIL/STRUCTURAL				
MECHANICAL				
PLUMBING				
ELECTRICAL				
FIRE/SAFETY				
BUILDING/FINAL				

#### SUPERINTENDENT'S DESIGNEE

In accordance with Section 1013.37(2)(c), Florida Statutes, and upon recommendation of the project architect/engineer and the Florida Building Code Inspector, as stated above, the subject project is ready for a Certificate of Occupancy, Certificate of Completion and/or OEF 209, by the Chief Building Official or his/her designee.

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_

### 4. CERTIFICATE OF OCCUPANCY

**THIS IS TO CERTIFY THAT THE REFERENCED PROJECT HAS BEEN INSPECTED BY THE ABOVE FBC REPRESENTATIVES OF THE BUILDING OFFICIAL OF THE MIAMI-DADE COUNTY PUBLIC SCHOOLS EDUCATIONAL FACILITIES COMPLIANCE DEPARTMENT AND IN ACCORDANCE WITH THE ARCHITECT/ENGINEER'S CERTIFICATION AND, AS NEARLY AS MAY BE DETERMINED BY THE INSPECTION LOG AND FINAL INSPECTION REPORT, THE PROJECT HAS BEEN INSPECTED AND IS IN ACCORDANCE WITH CHAPTER 1013, F.S., FLORIDA BUILDING CODE, FLORIDA FIRE PREVENTION CODE, CHAPTER 6A-2 FAC AND S. R. E. F.**

BY: Name \_\_\_\_\_ Signature \_\_\_\_\_  
 License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date CO Executed \_\_\_\_\_

### 5. CERTIFICATE OF COMPLETION    OEF 209 (CHECK APPROPRIATE BOX)

**THIS IS TO CERTIFY THAT THE REFERENCED PROJECT HAS BEEN INSPECTED BY THE ABOVE FBC REPRESENTATIVES OF THE BUILDING OFFICIAL OF THE MIAMI-DADE COUNTY PUBLIC SCHOOLS EDUCATIONAL FACILITIES COMPLIANCE DEPARTMENT AND IN ACCORDANCE WITH THE ARCHITECT/ENGINEER'S CERTIFICATION AND, AS NEARLY AS MAY BE DETERMINED BY THE INSPECTION LOG AND FINAL INSPECTION REPORT, THE PROJECT HAS BEEN INSPECTED AND COMPLETED, HAS NO OUTSTANDING MANDATORIES, NON-COMPLIANCES AND/OR PROVISOS AND IS IN ACCORDANCE WITH CHAPTER 1013, F.S., FLORIDA BUILDING CODE, FLORIDA FIRE PREVENTION CODE, CHAPTER 6A-2 FAC AND S. R. E. F.**

BY: Name \_\_\_\_\_ Signature \_\_\_\_\_  
 License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date COC/209 Executed \_\_\_\_\_