

Board Meeting Agenda Item Executive Summary

Supt.'s Office Use Only

Board Meeting 12-16-08

Agenda Consent

Item No. H. 16. (a)

Board Meeting Date:	December 16, 2008
Submitted By:	Ed Gable
Item Description:	SBAC R0702 – Kirby-Smith Administration Building Roof Replacement Certificate of Final Inspection

Purpose and Explanation:

CONSENT

This project has been inspected by the project engineer and the facilities department staff. It is requested that the School Board authorize final payment to the contractor upon total acceptance of this project. Final contract amount is \$204,344.73.

BUDGETARY IMPACT

Funding Source (Description): Two Mil **Amount: -0-**

Staff Attorney Review & Approval <i>(For Contracts Only)</i>	Date: _____ Initial: _____	ADDITIONAL INFORMATION Yes: _____ No: _____
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FLORIDA DEPARTMENT OF EDUCATION
Office of Educational Facilities

CERTIFICATE OF FINAL INSPECTION

TO: Office of Educational Facilities (OEF) 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 (850) 245-0494, SUNCOM 205-0494 Fax (850) 245-0494 S/C 205-0494 or (850) 245-9304 S/C 205-9304	OEF USE ONLY
INSTRUCTIONS: Submit for OEF files one copy of the completed form for all projects with construction costs exceeding \$200,000. Mark the appropriate term in each parenthesis. Reproduce form in sufficient quantity for your use. Section 1013.37(2)(c), F.S.	

RE: SBAC R0702 – KIRBY SMITH ROOF REPLACEMENT OEF Assigned Project Number _____

ALACHUA COUNTY (x) School District Community College)

KIRBY SMITH ADMINISTRATION BUILDING (School Name Campus)

_____ (School College) Code Number _____

ROOF REPLACEMENT Description of Project _____

SECTION A: BOARD'S ACCEPTANCE

Upon the recommendation of our Project (Architect Engineer) in his certification in Section B below, in accordance with Chapter 1013, F.S., THE BOARD ACCEPTED the above referenced project on 11/18/08

Name (Type or Print) W. Daniel Boyd, Jr., Ed.D.

Signature: _____ Date: _____, 20____

Superintendent President

SECTION B: ARCHITECT ENGINEER) CERTIFICATION

As PROJECT (ARCHITECT ENGINEER), I have inspected this project and, in my considered professional opinion, the work required by the contract for this project has been completed in accordance with approved contract documents; Chapter 1013, Florida Statutes, SBE Rules 6-2.001, FAC, Chapter 652, FS, and the Florida Building Code

Signature: *[Signature]* Date: OCTOBER 28, 2008

Firm Name: STAFFORD CONSULTING ENGINEERS

Address: 914 ATLANTIC AVE. STE 2-F FERNANDINA BEACH FL 32034
 Street/P.O. Box City State Zip

SECTION C: Building Official Other (Specify) Certification Limited Inspector TL1010

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

Name (Type or Print) Edward L. Souza

Signature: *[Signature]* Date: 11/17/08

Building Official Certified Inspector

SECTION D: FACILITY INFORMATION.

1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input type="checkbox"/> Remodeling <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> <u>Reroof</u>	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If "No," explain: <u>ROOF REPLACEMENT – NO CHANGE</u>
3. SOURCE OF FUNDS: <input type="checkbox"/> Local <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> _____	4. ADJUSTED FINAL CONTRACT AMOUNT: <u>\$204,344.73</u> 5. PROJECT GROSS SQUARE FOOTAGE: <u>37,100</u> SQ. FT. 6. COST PER GROSS SQUARE FOOT: <u>\$5.51</u>
	7. COST PER STUDENT STATION: \$ _____ N/A

