




November 17, 2014

MEMORANDUM

TO: District Board of Trustees

FROM: Jim Murdaugh, President 

SUBJECT: Certificate of Final Inspection for TCC Dental Hygiene Phase II Renovation Project

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 II Renovation project.

Overview and Background

In support of Board Policy 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 for projects with a construction value of more than \$250,000 and provide the form to the Board for approval.

The Construction Manager for the Dental Hygiene project has completed all close out requirements and the program is in full operation. TCC staff recommends Board acceptance of the project.

Past Actions by the Board

The Board previously approved the Certificate of Final Inspection for the Dental Hygiene Renovation Phase I project on August 18, 2014.

Funding/Financial Implications

The construction project is complete. Final payment to the contractor is contingent upon Board approval.

Staff Resource

Teresa Smith

Recommended Action

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

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, Fax (850) 245-0494 or (850) 245-9304	OEF USE ONLY
INSTRUCTIONS: Submit for OEF files one copy of the completed form for all projects with construction costs exceeding \$300,000. Mark the appropriate term within the parentheses. Reproduce this form in sufficient quantity for your use. Section 1013.37(2)(c), F.S.	

RE: <u>N/A</u>	OEF Assigned Project Number
<u>Tallahassee Community College</u>	<input type="checkbox"/> School District <input checked="" type="checkbox"/> Community College
<u>Site 1, Bldg. 6, Main Campus</u>	<input type="checkbox"/> School Name <input checked="" type="checkbox"/> Campus
<u>27</u>	<input type="checkbox"/> School <input checked="" type="checkbox"/> College Code Number
<u>Dental Clinic Renovation, Phase II</u>	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 _____.

Name (Type or Print) _____

Signature: _____ Date: _____
 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, Rule 6A-2.0010, FAC, Chapter 553, FS, and the Florida Building Code.

Signature:  Date: 10/1/2014
R. BARNETT

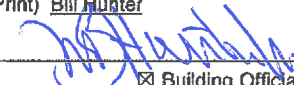
Firm Name: Barnett, Fronczak, Barlowe Architects

Address: 225 South Adams Street, Tallahassee, Florida 32301
 Street/P.O. Box City State Zip

SECTION C: Building Official Other (Specify) Certification [Click here to enter number.](#)

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) Bill Hunter

Signature:  Date: 10/1/2014
 Building Official Certified Inspector

SECTION D: FACILITY INFORMATION.

1. TYPE OF PROJECT: <input type="checkbox"/> New Plant <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Remodeling <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> text.	2. CORRECTED "SPACE INVENTORY REPORT" (land, building, room) HAS BEEN FILED WITH THE OEF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If "No," explain: Click here to enter text.
3. SOURCE OF FUNDS: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Foundation	4. ADJUSTED FINAL CONTRACT AMOUNT: \$ <u>557,109.00</u> 5. PROJECT GROSS SQUARE FOOTAGE: <u>4646 SQ. FT.</u> 6. COST PER GROSS SQUARE FOOT: <u>\$119.91</u> 7. COST PER STUDENT STATION: \$ <u>27,855.45</u>

CERTIFICATE OF FINAL INSPECTION (CFI)

8. BUILDING CONTRACT DATE: 4/25/2014 COMPLETION DATE: 10/1/2014

9. CHANGE ORDERS - List of each Change Order and amount:

C.O. No. <u>1</u>	\$ <u>0.00</u>	C.O. No. <u>Click here to enter text.</u>	\$ <u>Click here to enter text.</u>
C.O. No. <u>Click here to enter text.</u>	\$ <u>Click here to enter text.</u>	C.O. No. <u>Click here to enter text.</u>	\$ <u>Click here to enter text.</u>
C.O. No. <u>Click here to enter text.</u>	\$ <u>Click here to enter text.</u>	C.O. No. <u>Click here to enter text.</u>	\$ <u>Click here to enter text.</u>
C.O. No. <u>Click here to enter text.</u>	\$ <u>Click here to enter text.</u>	C.O. No. <u>Click here to enter text.</u>	\$ <u>Click here to enter text.</u>

10. Date of Occupancy: 8/13/2014

11. Additional Information:

After substantial completion the College authorized the CM, LLT to purchase and install new lockers for room 107. Because the items had a long lead time scheduling installation around program schedules had to be included. A change order for additional calendar days with no added cost was issued.