

BUILDER CERTIFICATE OF CONTRACT COMPLETION

Project Number, Name: _____

Final Inspection Date: _____

This certifies that the Work under the above named Contract has been completed in accordance with the requirement of said Contract for Construction; that all cost incurred for equipment, material, labor and services against the Project have been paid; that no liens have been attached against the Project; that no suits are pending by reason of Work on the Project Under the Contract; that all Workers' compensation claims are covered by Workers' Compensation Insurance as required by law; that all insurance required of the Builder beyond final payment, if any, is in effect and will not be cancelled or allowed to be expired without notice to the Owner; that all public liability claims are adequately covered by insurance and that the Builder shall save, protect, defend, indemnify, and hold the Owner harmless from and against any and all claims which arise as a direct or indirect result of any transaction, event occurrence, or omission related to performance of the Work contemplated under said Contract.

FOR THE BUILDER	By: (Notary Public)
_____ Name of Firm	_____ Type Name

BY: _____	Personally appeared before me this <u> </u> Date day of <u> </u> Month, Year , known (or made known) to me to be the <u> </u> Name , <u> </u> Title of <u> </u> Name of Firm , who, being by me duly sworn, subscribed to the forgoing affidavit in my presence.
_____ Authorized Representative	_____ My Commission Expires:

A Final Completion inspection was conducted on the above date by the appropriate members of the Professional, Builder, and University of Florida. The Substantial Completion punchlist has been completed, outstanding Commissioning discrepancies have been resolved and/or corrected, "as-built" drawings have been received, consent of the Builder's surety is in hand, all Owner training has been completed, and all remaining deliverables have been received. Upon execution of the signatures below, this project will be considered complete. This consideration does not relieve the Builder from its post-occupancy responsibilities, including correction of discrepancies noted during the first year after Substantial Completion, warranty issues, and latent defects.

RECOMMENDED BY THE DESIGN PROFESSIONAL	UF Building Committee/Chair, User Representative
_____ Name of Professional Firm	_____

BY: _____ Type Name	BY: _____ Type Name
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Recommended by UF Project Manager	APPROVED BY UF ENVIRONMENTAL HEALTH & SAFETY
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BY: _____ Type Name	BY: _____ Dr. William Properzio, Director
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APPROVED BY UF PHYSICAL PLANT DIVISION	FOR THE OWNER
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BY: _____ David S. O'Brien, Assistant Vice President	BY: _____ Carol J. Walker, Assistant Vice President
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FILE: Builder-FinalCertification, UF- , C4.2