

**CERTIFICATE OF PUNCHLIST COMPLETION**

PROJECT #, NAME: \_\_\_\_\_ FINAL INSPECTION DATE: \_\_\_\_\_

Following Substantial Completion on **Date of S/C**, a Final Completion inspection was conducted on the above date by the Design Professional, Builder, and University of Florida. This certifies that the Work performed under the above-named Contract for Construction was found to be complete, including completion of all Substantial Completion punchlist items and outstanding Commissioning discrepancies; completion of all Owner training; submission of "as-built" plans and specifications, shop drawings, and other record documents; and submission of all Operation & Maintenance documents and other closeout deliverables.

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, latent defects, and other requirements of the Contract for Construction or State law.

**FOR THE BUILDER**  
\_\_\_\_\_  
Name of Firm

**By: (Notary Public)**  
\_\_\_\_\_  
Type Name

BY:  
\_\_\_\_\_  
Authorized Representative

Personally appeared before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, known (or made known) to me to be the \_\_\_\_\_ (title) of \_\_\_\_\_ (firm), who, being by me duly sworn, subscribed to the forgoing affidavit in my presence.  
My Commission Expires: \_\_\_\_\_

**Recommended by the Design Professional**  
\_\_\_\_\_  
Name of Professional Firm

**User Group Representative**  
\_\_\_\_\_

BY:  
\_\_\_\_\_  
Type Name

BY:  
\_\_\_\_\_  
Type Name

**Recommended by UF Project Manager**  
\_\_\_\_\_

**APPROVED BY UF FACILITIES SERVICES**  
\_\_\_\_\_

BY:  
\_\_\_\_\_  
Type Name

BY:  
\_\_\_\_\_  
Name & Title  
*MAJORS: Mark Helms, Asst. Vice-President*  
*MINORS: Wade MacLaren, Asst. Director*

**FOR THE OWNER**  
\_\_\_\_\_

BY:  
\_\_\_\_\_  
Name & Title  
UF Planning Design & Construction