**SE-550**

**CERTIFICATE OF SUBSTANTIAL COMPLETION**

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**CONTRACTOR:**

**CERTIFICATION**

I hereby certify that **[ ]  FULL** or **[ ]  PARTIAL** Substantial Completion has been accomplished as defined in the Project Manual and in conformance with the requirements of the Contract and the *Manual for Planning and Execution of Permanent Improvement Projects-Part II*. This certification declares that:

**A**. The work that remains to be completed after full or partial substantial completion is minor in scope and nature;

**B.** The remaining work is not disruptive to the function of the facility occupants and is limited to minor items required to finalize the project;

**C.** The Contractor's Punch List and all attachments thereto have been reviewed and any exceptions are noted; and

**D.** The composite A/E's Punch List is attached, with the status of each item noted.

**DATE FOR FULL OR PARTIAL SUBSTANTIAL COMPLETION:**

*(This is also the date for the commencement of warranties required by the Contract.)*

**NUMBER OF DAYS ALLOWED UNTIL FINAL COMPLETION:**

**SPECIAL CONDITIONS OR STIPULATIONS CONCERNING THE COMPLETION OF PUNCH-LIST ITEMS OR EXPLANATIONS FOR PARTIAL SUBSTANTIAL COMPLETION:**

**A/E CERTIFICATION DOES NOT CONFER APPROVAL TO OCCUPY/USE THE FACILITY**

**A/E CERTIFICATION**

**BY:**

*(Signature of A/E Representative)*

**PRINT NAME**:

**TITLE:**

**INSTRUCTIONS TO THE A/E:**

1. Forward the SE-550 and Contractor’s Punch List to the Agency for review and approval.

**AGENCY ACCEPTANCE**

**BY:**

*(Signature of Agency Representative)*

**PRINT NAME**:

**TITLE:**

**INSTRUCTIONS TO THE AGENCY:**

1. Forward the SE-550 to OSE.
2. Schedule with OSE and other authorities having jurisdiction for a Certificate of Occupancy/Use Permit Inspection.