**SE-550**

**CERTIFICATE OF SUBSTANTIAL COMPLETION**

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**CONTRACTOR:**

**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:**

**A/E CERTIFICATION:**

I hereby certify that **FULL** or **PARTIAL** (indicated above) 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*. 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.

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

**BY:**

*(Signature of A/E Representative)*

**PRINT NAME:**

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

**THIS FORM DOES NOT CONFER APPROVAL TO OCCUPY/USE THE FACILITY**

**AGENCY CERTIFICATION:**

By the Owners signature on this form, the Owner hereby accepts the responsibilities assigned to it for security, maintenance, heat, utilities, damage to Work and insurance.

**BY:**

*(Signature of Agency Representative)*

**PRINT NAME:**

**INSTRUCTIONS TO THE AGENCY:**

1. Forward a copy of the signed SE-550 to the Contractor and A/E.
2. Forward a copy of the signed SE-550 and attachments to OSE.
3. Schedule with OSE and other authorities having jurisdiction for a Certificate of Occupancy/Use Inspection.