|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name |  |  | Project Number |  |
| Project Location |  |  | Contractor / CM / DB |  |
|  | | | | |

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| **Project, Contract, or portion of the Project or Contract designated for Partial Occupancy and Use shall include:** |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Substantial Completion**  The date of Substantial Completion of the Project or portion designated above is the date of issuance established by this Certificate, which is also the date of commencement of applicable warranties required by the Contract Documents, except warranties identified on a separate Certificate of Warranty Commencement. | | | | |  |  | **Contractor’s Acceptance** (includes the CM at Risk or Design-Builder as applicable) The Contractor will complete or correct the items on the attached list of Defective, incomplete, or unacceptable Work within 30 days from the date of Substantial Completion. | | | | | |
|  |  |  | Name | |  | | |
|  |  | | | |  |  |  |  | | |  |  |
|  | Date of issuance | | | |  |  |  | Signature | | |  | Date |
| **CM Adviser’s or Owner Agent’s Certification** (if applicable)  Work performed under this Project or portion designated above has been inspected and found, to the CM’s or Owner Agent’s best knowledge, information, and belief, to be Substantially Complete. | | | | |  |  | **Owner’s Acceptance**  The Owner accepts the Project or portion designated above as Substantially Complete and will commence occupancy. | | | | | |
|  | Name |  | | |  |  |  | | Project Manager |  | | |
|  |  | |  |  |  |  |  | |  | |  |  |
|  | Signature | |  | Date |  |  |  | | Signature | |  | Date |
| **A/E’s or Project Manager’s Certification\***  Work performed under this Project or portion designated above has been inspected and found, to the A/E’s or Project Manager’s best knowledge, information, and belief, to be Substantially Complete. | | | | |  |  | **Contracting Authority’s Acceptance**  The Contracting Authority accepts the Project or portion designated above as Substantially Complete. | | | | | |
|  | Name |  | | |  |  |  | Chief, CPFM | |  | | |
|  |  | |  |  |  |  |  |  | | |  |  |
|  | Signature | |  | Date |  |  |  | Signature | | |  | Date |

\* Contracting Authority’s PM will certify and establish date of Substantial Completion for Design-Build projects. Attach A/E’s or Contracting Authority’s Punch List.