

TO: STATE OF ALABAMA
BUILDING COMMISSION
770 Washington Avenue, Suite 444
Montgomery, AL 36130-1150
(334) 242-4082 FAX (334) 242-4182

CERTIFICATE OF SUBSTANTIAL COMPLETION

ROUTING PROCEDURES ON REVERSE SIDE Arch. Job # _____ BC# _____

OWNER(S):	ARCHITECT: McKee & Associates Architects 631 S. Hull St. Montgomery, Al 36104
CONTRACTOR:	BONDING COMPANY:
PROJECT	

Substantial Completion has been achieved for the entire Work the following portion of the Work _____

The **Date of Substantial Completion** of the Work covered by this certificate is established to be _____.

"Substantial Completion" means the designated Work is sufficiently complete, in accordance with the Contract Documents, such that the Owner may occupy or utilize the Work for its intended use without disruption or interference by the Contractor in completing or correcting any remaining unfinished Work. The Date of Substantial Completion is the date upon which all warranties for the designated Work commence, unless otherwise agreed and recorded herein.

Punch List: A _____ page list of items to be completed or corrected prior to the Owner's approval of Final Payment is attached hereto, but does not alter the Contractor's responsibility to complete or correct all Work in full compliance with the Contract Documents. The Contractor shall complete or correct all items on the attached list, ready for re-inspection for Final Acceptance, within 30 days after the above Date of Substantial Completion, unless another date is stated here: _____.
If completed or corrected within this period, warranties of these items commence on the Date of Substantial Completion, otherwise such warranties commence on the date of Final Acceptance of each item.

Only one (1) originally executed substantial completion form should be routed for signature. B.C. office will forward the original to the Owner and provide copies to all other parties.

RECOMMENDED BY:	
ARCHITECT: _____	DATE: _____
CONTRACTING PARTIES:	
CONTRACTOR _____	DATE: _____
OWNER _____	DATE: _____
_____	DATE: _____
APPROVALS:	
BUILDING COMM.INSPECTOR: _____	DATE: _____
BUILDING COMM. CHIEF INSPECTOR: _____	DATE: _____
BUILDING COMM. DIRECTOR: _____	DATE: _____