



Certificate of Substantial Completion

Project Name:	Project No.
To: (Owning/Using Department)	Contractor:
Date of Commencement:	Architect/Engineer:

Date of Substantial Completion:

The Work performed under this Contract was inspected on _____(Date) and found to be substantially complete. The Date of Substantial Completion of the Project or portion thereof designated above is hereby established as _____(Date).

A List of items to be completed or corrected, prepared by the Contractor and verified by the Architect/Engineer is attached hereto. Failure to include any items on such list does not alter the responsibility of the contractor to complete all Work in accordance with Contract Documents.

Contractor shall complete or correct the Work on the list of items attached hereto within _____ Days from the above Date of Substantial Completion.

The Owning/Using Department will assume full possession thereof at _____(Time) on _____(Date).

Contractor shall obtain consent of Surety to certify substantial completion. The responsibilities of the Using Department and the Contractor for security, maintenance, heat, utilities, damage to the Work, and insurance shall be as listed on the continuation sheets attached to this Document.

_____ Contractor:	_____ By	_____ Date
_____ Project Engineer or Architect/Engineer	_____ By	_____ Date
_____ JJC Project Manager	_____ By	_____ Date
_____ Assistant Director Facility Services	_____ By	_____ Date

Distribution to:	Construction Department	<input type="checkbox"/>	Architect/Engineer	<input type="checkbox"/>
	Using Department	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>