



DIVISION OF CAPITAL PLANNING
 OFFICE OF THE UNIVERSITY ARCHITECT
 2121 EUCLID AVENUE
 CLEVELAND, OHIO 44115-2214
 (216) 687-5121 FAX (216) 687-9227

Project/Contract No: _____ Contractor: _____
 Project Name: _____ Owner: _____

CERTIFICATION OF BENEFICIAL COMPLETION

The undersigned certifies that all the Contractor's Work is 100 percent complete, with exception of the below noted deficiencies in the locations identified.

LOCATION	ITEMS TO BE COMPLETED	DATE TO BE COMPLETED

_____ Date _____
 Contractor

We, the undersigned, together with a representative of the Contractor employed for the execution of the work, have inspected the work included in the captioned contract, prior to the date of this certificate, and hereby certify that all work on the contract has been completed in accordance with the requirements of the Drawings, Specifications, and other Contract Documents, and accordingly recommend that the work included on said contract be accepted.

_____ Date _____ Associate Architect _____ Date _____ Construction Manager

Final Acceptance of Project
 _____ Date _____
 Owner