

00 65 20 – CERTIFICATE OF FINAL COMPLETION FORM

CERTIFICATE OF FINAL COMPLETION

Distribution to:

A/E Name
A/E Address
A/E City, State Zip
A/E Phone
A/E Fax

OWNER
ARCHITECT
CONTRACTOR
OTHER

PROJECT: **XXXXXXXXXXXXXXXXXXXX** IFB PROJECT NO. AC-**XX**-C-**XXXX**-S
(Name and address) **XXXXXXXXXX**

TO OWNER: Armory Commission of TO CONTRACTOR: **XXXXXXXXXXXXXXXXXXXX**
(Name and address) Alabama (Name and address) **XXXXXXXXXXXXXXXXXXXX**
1720 Cong. W. L Dickinson Dr. **XXXXXXXXXXXXXXXXXXXX**
Montgomery, Alabama 36109

DATE OF ISSUANCE: **DATE** CONTRACT TYPE: General Construction
CONTRACT DATE: **MONTH DAY, YEAR**

PROJECT OR DESIGNATED PORTION SHALL INCLUDE:
BRIEF PROJECT DESCRIPTION.

The Work performed under this Contract has been reviewed and found, to the Architect's best knowledge, information and belief, to be complete. Final Completion is the stage in the progress of the Work when the Work or designated portion thereof is complete in accordance with the Contract Documents so the Owner can occupy or utilize the Work for its intended use. The Date of Final Completion of the Project designated above is hereby established as the date of execution by the Owner as stated in the General Conditions, which is also the date of commencement of applicable warranties required by the Contract Documents.

The project is hereby certified by the Architect as completed.

A/E Name
Architect: _____ By: **NAME** _____ Date: _____

Contractor Name
Contractor: _____ By: **NAME (FROM CONTRACT)** _____ Date: _____

The Owner accepts the Work as complete and will assume full possession thereof at **TIME** on **DATE**.

Armory Commission of Alabama
Owner: _____ By: **AC Representative Name** _____ Date: _____