

SUBSTANTIAL COMPLETION CERTIFICATION

For Use With A Construction Manager

Project: _____ DPW Project No. _____
_____ Design Professional _____
_____ Contractor _____

Date Required by Agreement and Change Orders _____ Contract Amount Paid to Date _____
Actual Date of Substantial Completion _____ \$ _____

A list of items to be completed or corrected, prepared by the Design Professional, is attached hereto. Failure by the Design Professional to include any items on this list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents.

The work performed under this contract and any approved change orders have been reviewed and found to be substantially complete. The Date of Substantial Completion is also the date for commencement of applicable warranties required by the contract unless exempted in an attached list.

Design Professional By: Authorized Representative Date

I will complete or correct the Work on the attached list within _____ days from the Date of Substantial Completion.

Contractor By: Authorized Representative Date

The Owner accepts the Work or designated portion thereof as substantially complete and will assume full possession thereof at 8:00 a.m. the day following the Date of Substantial Completion.

Agency Representative Date Initial DPW FR Initial CM

State of Idaho
Division of Public Works
Owner _____
By: Administrator Date