

Partial-SUBSTANTIAL COMPLETION CERTIFICATION

Project: _____

DPW Project No. _____
Design Professional _____
Contractor _____

Date Required by Agreement and Change Orders _____
Actual Date of Substantial Completion _____

Contract Amount Paid to Date
\$ _____

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.

A final report of Special Inspections is attached. If no Special Inspections are required, Design Professional to cross out and initial this section. _____

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 DPW SFR

State of Idaho
Division of Public Works

Owner

By: Administrator

Date

Original: DPW Contract File Copies to: Contractor, DP, FR, PM, Agency, Risk Management