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| TO:  **ACCS FACILITIES DIVISION**  135 S. Union Street  Montgomery, AL 36130  (334) 293-4500 | ACCS Form 6-K  **CERTIFICATE OF SUBSTANTIAL COMPLETION**  ***Do not staple this form and/or attachments; use clips.*** *Print single-sided; do not submit double-side printed documents.* |

**ACCS Project No.**

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| **OWNER ENTITY NAME AND ADDRESS:**  Email to receive executed copy: | **ARCHITECTURAL / ENGINEERING FIRM NAME AND ADDRESS:**  Email to receive executed copy: |
| **CONTRACTOR COMPANY NAME AND ADDRESS:**  Email to receive executed copy: | **BONDING COMPANY NAME AND ADDRESS:**  Email to receive executed copy: |
| **PROJECT:** | |

**Substantial Completion** has been achieved for the entire Work the following portion of the Work:

The **Date of Substantial Completion** of the Work covered by this certificate is established to be .

"Substantial Completion" means the designated Work is sufficiently complete, in accordance with the Contract Documents, such that the Owner may occupy or utilize the Work for its intended use without disruption or interference by the Contractor in completing or correcting any remaining unfinished Work. The Date of Substantial Completion is the date upon which all warranties for the designated Work commence, unless otherwise agreed and recorded herein.

**Punch List:** A page list of items to be completed or corrected prior to the Owner’s approval of Final Payment is attached

hereto, but does not alter the Contractor’s responsibility to complete or correct all Work in full compliance with the Contract Documents. The Contractor shall complete or correct all items on the attached list, ready for re-inspection for Final Acceptance,

within 30 days after the above Date of Substantial Completion, unless another date is stated here: .   
If completed or corrected within this period, warranties of these items commence on the Date of Substantial Completion, otherwise such warranties commence on the date of Final Acceptance of each item.

**Only one (1) originally executed substantial completion form shall be routed for signature. ACCS Facilities Management office will mail the fully-executed original to the Owner and email copies to all parties.**

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| **RECOMMENDED BY *(signature and email address required)*:**  ARCHITECT/ENGINEER:  **CONTRACTING PARTIES:**  CONTRACTOR:  OWNER’S DESIGNATED REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | DATE:  DATE:  DATE:  DATE: |
| **APPROVALS:**  AHJ INSPECTOR (if applicable):   ACCS FACILITIES MANAGEMENT DIRECTOR: |  | DATE:  DATE:  DATE: |