



FACILITIES DIVISION

ACCS FORM 6-K

CERTIFICATE OF SUBSTANTIAL COMPLETION

TO:
ACCS FACILITIES DIVISION
135 S. Union Street
Montgomery, AL 36130
(334) 293-4500

• Do not staple this form and/or attachments; use clips. Print single-sided; do not submit double-side printed documents

	ACCS PROJECT#:	
OWNER ENTITY NAME AND ADDRESS: Email to receive executed copy:	ARCHITECTURAL/ENGINEERING FIRM NAME & 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 Division office will mail the fully-executed original to the Owner and email copies to all parties.

RECOMMENDED BY:		CONTRACTING PARTIES:	
_____ ARCHITECT/ENGINEER	_____ DATE	_____ CONTRACTOR	_____ DATE
APPROVALS:		_____ OWNER'S DESIGNATED REPRESENTATIVE	
_____ AHJ INSPECTOR (IF APPLICABLE)	_____ DATE		
_____ *A/E PEER REVIEWER(IF APPLICABLE)	_____ DATE		
_____ ACCS REGIONAL FACILITIES OFFICER	_____ DATE		
_____ ACCS CHIEF FACILITIES OFFICER	_____ DATE		

*ACCS Colleges are required to provide an A/E Peer Reviewer to review the A/E of Record's project design and to perform construction inspections when AHJ is not present in city/town where project's work is taking place.

Required Certification: The Certification of Structural Observations (ACCS Form 6-J) shall be prepared by the Structural Engineer of Record for all projects containing classrooms or dorm rooms on the grounds of public institutions of higher education as required by ACT#2012-554. Where applicable to the project, the certification must be attached to the Certificate of Substantial Completion.