Form 570

January 2023

**CERTIFICATE OF SUBSTANTIAL COMPLETION**

|  |  |  |
| --- | --- | --- |
| DATE: | |  |
| *AGENCY:* | | Agency Name |
| PROJECT TITLE: | | Building Name and Project Title |
| LOCATION: | | City, State |
| PROJECT NUMBER: | |  |
| CONTRACTOR: | |  |
|  | |  |
|  | |  |
| DESCRIPTION *(Attach a separate sheet if additional room is needed)*: |  | |

This is to certify that a substantial completion inspection of the above project has been conducted jointly by the Contractor, the Project Designer/Architect/Engineer, the State Agency and the OFPM-DCC. The Parties have determined that the project has been substantially completed in accordance with the Contract Documents with the exception of all deficiencies as noted on the attached documentation.

Accordingly, the Secretary of Administration accepts the Project. All guarantees and warranties shall commence as of      . Occupancy of this area is contingent on the issuance of the Certificate of Occupancy by the OFPM-DCC.

The Agency accepts the Project as being substantially completed and assumes the responsibility for maintenance, custodial care and utilities for the premises.

The Contractor remains responsible to correct all punch list items by      , to correct deficiencies discovered subsequent to the execution of this document and to respond to claims made under applicable warranties.

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| Insert A/E firm Name |  |  |  |  |
| Project Architect/Engineer (Firm) |  | Signature |  | Date |
| Insert Contractor's name |  |  |  |  |
| Contractor (Firm) |  | Signature |  | Date |
| Insert Agency Name |  |  |  |  |
| Agency/Owner |  | Signature |  | Date |
| OFPM-DCC |  |  |  |  |