

FOR REFERENCE ONLY. THIS FORM WILL BE COMPLETED ELECTRONICALLY AND IS ACCESSIBLE [HERE](#) OR BY REQUEST FROM THE UA PROJECT MANAGER. DO NOT SUBMIT ON PAPER. CONTACT THE UA PROJECT MANAGER WITH QUESTIONS.

CERTIFICATE OF SUBSTANTIAL COMPLETION



PROJECT NAME: _____ UA PROJECT/FUND NO.: _____

GENERAL CONTRACTOR: _____ UA PROJECT MANAGER: _____

GEN. CONTR. ADDRESS: _____ PROJECT ARCHITECT: _____

_____ BONDING COMPANY: _____

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 encumbrance, disruption, or interference by the Contractor in completing or correcting any remaining unfinished Work. The Date of Substantial Completion is the date upon which the contract stops and all warranties for the designated Work commence, unless otherwise agreed and recorded herein.

Exclusions & Exceptions: (list on separate page if necessary with appropriate approvals/signatures)

Architect Comments:

UA Project Manager Comments:

Director of Construction Operations Comments:

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.

RECOMMENDED BY:

Architect: _____ Date: _____

Contractor: _____ Date: _____

APPROVED BY:

UA Building Life Safety Inspector: _____ Date: _____

UA Field Coordinator: _____ Date: _____

UA Project Manager: _____ Date: _____

for UA AVP of Construction: _____ Date: _____