NOTICE OF FINAL COMPLETION   
(FORM CC-0115)

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| --- | --- | --- | --- | --- | --- |
| FINAL COMPLETION DATE: |  | | | DSA FILE NO.: | 19-C4 |
| COLLEGE: |  | | | DSA APPLICATION NO: |  |
| PROJECT NAME: |  | | | FINANCIAL PROJECT NO.: |  |
| CONTRACTOR: |  | | | FINAL CONTRACT VALUE: |  |
| CONTRACT NO: |  | TO # |  | CONTRACT DATE: |  |

This Notice of Final Completion applies to ***all work*** under the Contract Documents.  
  This Notice of Final Completion applies to ***the following specified parts*** of the Contract Documents:

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The work performed under the above-referenced Contract has been inspected by authorized representatives of the District, Contractor (or Design-Builder), and the Design Consultant, and by their signatures below they hereby certify that the entirety of the work (or such portion as designated above) has achieved “final completion” in accordance with the definition and all conditions set forth in Article I of the General Conditions of the Construction Agreement. The date of Final Completion of the Project or portion thereof designated above is hereby established as:

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This form further serves to notify the District’s Board of Trustees to authorize “Acceptance” of the work as set forth in the Contract Documents and pursuant to California Civil Code § 9200. Acceptance may be exercised either after Final Completion or may be exercised, without waiving or releasing Contractor (or Design-Builder) from any of its obligations under the Contract Documents, at any time after Substantial Completion and prior to Final Completion.

Pursuant to this notice, the District may, in its sole and absolute discretion, record a Notice of Completion pursuant to California Civil Code § 9204.

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|  |  |  |  |  |
| Contractor Rep/Contractor Firm (print names) |  | Signature |  | Date |
|  |  |  |  |  |
| Design Consultant Rep/Design Firm (print names) |  | Signature |  | Date |
|  |  |  |  |  |
| College Project Director (print name) |  | Signature |  | Date |
|  |  |  |  |  |
| College President or designee (print name) |  | Signature |  | Date |
|  |  |  |  |  |
| PMO Regional Program Director (print name) |  | Signature |  | Date |

**FOR THE DISTRICT**

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| --- | --- | --- | --- | --- |
| Dr. Rueben Smith |  |  |  |  |
| Chief Facilities Executive |  | Signature |  | Date |