REQUEST FOR NOTICE OF 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.: |  | CONTRACT DATE: |  |

This Request for Notice of Completion applies to ***all work*** under the Contract Documents.  
  This Request for Notice of 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 confirm that the entirety of the work (or such portion as designated above) was, as of the date of       , 20  , “complete” in accordance with California Civil Code Section 9204 based on the following conditions as described in California Civil Code Section 8180 that existed on and as of said date [check appropriate box below]:

Actual completion of the work of improvement  
  Occupation or use by District accompanied by cessation of labor  
  Cessation of labor for a continuous period of 60 days  
  Recordation of a notice of cessation after cessation of labor for a continuous period of 30 days  
  Acceptance of the work of improvement by the District’s Board of Trustees

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

**FOR THE DISTRICT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Thomas L. Hall |  |  |  |  |
| Director Facilities, Planning & Development | By | Signature |  | Date |