

**University of Illinois
CERTIFICATE OF SUBSTANTIAL COMPLETION**

Project: _____ **Project #:** _____
Owner: The Board of Trustees of the University of Illinois
Professional Services Consultant: _____

Contractor: _____ Inspection Date: ____ / ____ / ____
 _____ Owner Possession Date: ____ / ____ / ____

 Contract Division: _____

INSPECTION

<u>Inspection Participants</u>	<u>Representing (Firm or Agency)</u>	<u>Project Areas or Sections Inspected for Occupancy</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST

A list of items to be completed or corrected by the Contractor prior to final payment has been prepared by the Professional Services Consultant and is attached to this document. Failure to include any uncompleted, faulty or deficient item on the list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents. Unless otherwise required by the specifications, the Contractor shall guarantee all of the work performed under this contract against defects in material and workmanship in accordance with the Contract Documents and Federal and State laws and regulations.

POSSESSION

The above referenced Project area has been inspected and found to be substantially complete and ready for Owner possession and occupancy in accordance with the Contract Documents. The Owner accepts full possession and responsibility for the above designated Project areas or sections at 12:01 p.m. of the Owner possession date. The responsibility of the Contractor for utilities ceases at the stated possession time. The insurance required under the contract remains the responsibility of the Contractor.

FINAL PAYMENT

The Contractor shall notify the Professional Services Consultant and the Owner in writing (in accordance to Article 9.7 of the General Conditions) when the Work is fully completed and ready for final inspection. The Professional Services Consultant, upon finding the Work acceptable and the contract fully performed, shall promptly certify final payment to the Contractor in accordance with the Contract Documents.

**CERTIFICATE OF SUBSTANTIAL COMPLETION
EXTENDED WARRANTIES**

Extended warranties are listed below:

Item	CSI Section	Date of Commencement	Duration (Days)	Date of Expiration
1.		/ /		/ /
2.		/ /		/ /
3.		/ /		/ /
4.		/ /		/ /
5.		/ /		/ /
6.		/ /		/ /
7.		/ /		/ /
8.		/ /		/ /
9.		/ /		/ /
10.		/ /		/ /
11.		/ /		/ /
12.		/ /		/ /

Failure to include any item on the extended warranty list does not relieve the Contractor of the responsibility to guarantee the Work in accordance with the Contract Documents. (Attach any bonds or guarantees required by the Contract Documents or documentation of extended warranty dates agreed upon by the undersigned parties.)

SIGNATURES

_____ Contractor	_____ Firm
_____ Construction Manager (when applicable)	_____ Firm
_____ Professional Services Consultant	_____ Firm
_____ Facilities Management Representative (UIC only)	_____ Office/Dept
_____ Campus Construction Unit PM	_____ Office/Dept

Copies: All above signed parties
 Affirmative Action
 Risk Management
 UIUC/UIS Physical Plant Representative
 UIC Director, Project Management Services, OCP
 Campus Parking
 Departmental Representative
 Project File