ALBERT & ASSOCIATES ARCHITECTS

514 Main Street P.O. Box 1567 Hattiesburg, MS 39403

Telephone: 601.544.1970 Facsimile: 601.544.4714

a@albertassociates.com www.albertassociates.com

Transmittal

Date:	October 15, 2018	October 15, 2018					
To:	Lamar Rutland, City of Hattiesburg P.O. Box 1898 Hattiesburg, MS 39	City of Hattiesburg					
From:	Lucy Sanguinetti						
Project:	Hattiesburg Public S	Safety C	Complex				
We are transmitting to you the following items:							
Three (3) Original Copy of AIA G704 Certificate of Substantial Completion							
These are	transmitted as indica	ted be	low:				
⊠ For` □ As R	Approval Your Use equested Review/Comment		No Exceptions Taken Exceptions Taken as Noted Returned for Correction Return copies for distribution		Resubmit copies for approval Submit copies for distribution Return correct prints For your records		
Lamar,							
Please get	the Mayor to sign all th	ıree ori	ginals. The City can keep on	e and re	eturn the other two to		

me. I will distribute an original copy to Codaray Construction. Thank you.

Certificate of Substantial Completion

PROJECT: (name and address) Hattiesburg Public Safety Complex Demolition Project

OWNER: (name and address) The City of Hattiesburg, Mississippi

P.O. Box 1898

Hattiesburg, MS 39403

CONTRACT INFORMATION:

Contract For: General Construction Date: February 13, 2018

ARCHITECT: (name and address) Albert & McCleskey Associates

Architects

514 Main Street, P.O. Box 1567 Hattiesburg, MS 39403

CERTIFICATE INFORMATION:

Certificate Number: Date: October 5, 2018

CONTRACTOR: (name and address) Codaray Construction, LLC

P.O. Box 16628 Hattiesburg, MS 39404

The Work identified below has been reviewed and found, to the Architect's best knowledge, information, and belief, to be substantially complete. Substantial Completion is the stage in the progress of the Work when the Work or designated portion is sufficiently complete in accordance with the Contract Documents so that the Owner can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion designated below is the date established by this Certificate. (Identify the Work, or portion thereof, that is substantially complete.)

Entire Project as outlined in the Contract

Albert & McCleskey	
Associates Architects	

ARCHITECT (Firm Name)

October 5, 2018

DATE OF SUBSTANTIAL COMPLETION

WARRANTIES

The date of Substantial Completion of the Project or portion designated above is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below:

(Identify warranties that do not commence on the date of Substantial Completion, if any, and indicate their date of commencement.)

WORK TO BE COMPLETED OR CORRECTED

A list of items to be completed or corrected is attached hereto, or transmitted as agreed upon by the parties, and identified as follows: (Identify the list of Work to be completed or corrected.) All work is complete.

The failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents. Unless otherwise agreed to in writing, the date of commencement of warranties for items on the attached list will be the date of issuance of the final Certificate of Payment or the date of final payment, whichever occurs first. The Contractor will complete or correct the Work on the list of items attached hereto within) days from the above date of Substantial Completion.

Cost estimate of Work to be completed or corrected: \$0

The responsibilities of the Owner and Contractor for security, maintenance, heat, utilities, damage to the Work, insurance, and other items identified below shall be as follows:

(Note: Owner's and Contractor's legal and insurance counsel should review insurance requirements and coverage.) N/A

The Owner and Contractor hereby accept the responsibilities assigned to them in this Certificate of Substantial Completion:

Codaray Construction, LLC	11/4	What C. Reic	10/15/18	
CONTRACTOR (Firm	SÍGNATURE	PRINTED NAME AND TITLE	DATE	_
Name)				
The City of Hattiesburg,				
Mississippi				
OWNER (Firm Name)	SIGNATURE	PRINTED NAME AND TITLE	DATE	



Certificate of Substantial Completion

PROJECT: (name and address) Hattiesburg Public Safety Complex

Demolition Project

OWNER: (name and address) The City of Hattiesburg, Mississippi

Entire Project as outlined in the Contract

P.O. Box 1898

Hattiesburg, MS 39403

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Contract For: General Construction

Date: February 13, 2018

ARCHITECT: (name and address) Albert & McCleskey Associates

Architects

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Hattiesburg, MS 39403

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Certificate Number: Date: October 5, 2018

CONTRACTOR: (name and address)

Codaray Construction, LLC

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Albert & McCleskey Associates Architects

ARCHITECT (Firm Name)

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Codaray Construction, LLC CONTRACTOR (Firm Name) The City of Hattiesburg, Mississippi OWNER (Firm Name) **SIGNATURE** PRINTED NAME AND TITLE DATE

Certificate of Substantial Completion

PROJECT: (name and address) Hattiesburg Public Safety Complex **Demolition Project**

OWNER: (name and address) The City of Hattiesburg, Mississippi

P.O. Box 1898 Hattiesburg, MS 39403 **CONTRACT INFORMATION:**

Contract For: General Construction Date: February 13, 2018

ARCHITECT: (name and address) Albert & McCleskey Associates Architects

514 Main Street, P.O. Box 1567

Hattiesburg, MS 39403

CERTIFICATE INFORMATION:

Certificate Number: Date: October 5, 2018

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Albert & McCleskey Associates Architects

Entire Project as outlined in the Contract

ARCHITECT (Firm Name)

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Cost estimate of Work to be completed or corrected: \$0

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Codaray Construction, LLC **CONTRACTOR** (Firm Name) The City of Hattiesburg, Mississippi **OWNER** (Firm Name) SIGNATURE PRINTED NAME AND TITLE DATE