Certificate of Substantial Completion

PROJECT: (name and address	CONTRACT INI Contract For: Date:	FORMATION:	CERTIFICATE INFORMATION: Certificate Number: Date:
OWNER: (name and address)	ARCHITECT: (1	name and address)	CONTRACTOR: (name and address)
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.)			
ARCHITECT (Firm Name)	SIGNATURE	PRINTED NAME AND TITLE	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.)			
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: \$			
insurance, and other items	s identified below shall be as	follows:	utilities, damage to the Work, rance requirements and coverage.)
The Owner and Contractor hereby accept the responsibilities assigned to them in this Certificate of Substantial Completion:			
CONTRACTOR (Firm Name)	SIGNATURE	PRINTED NAME AND TITLE	DATE
OWNER <i>(Firm Name)</i>	SIGNATURE	PRINTED NAME AND TITLE	DATE