



CERTIFICATE OF SUBSTANTIAL COMPLETION

NJSDA Form 701

- OWNER []
DESIGN CONSULTANT []
CONTRACTOR []
PMF/CM []
OTHER []

DOE No.: _____

Project Name: _____

Contract No.: _____

Contract For: _____

Contract Date: _____

To NJSDA: _____

To Contractor: _____

(Name and Address)

(Name and Address)

Date of Issuance: _____

Project or Designated Portion Shall Include: _____

The Work performed under this Contract 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 thereof is sufficiently complete in accordance with the Contract Documents so NJSDA can occupy or utilize the Work for its intended use, with all building components, equipment and systems fully operable. The date of Substantial Completion of the Project or portion thereof designated above is hereby established as (TCO/CO/CA DATE) _____ which is also the date of commencement of applicable warranties required by the contract Documents, except as stated below:

A list of items to be completed or corrected is attached hereto. 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.

Design Consultant:

The Contractor will complete or correct the Work on the list of items attached hereto within _____ days from the above date of Substantial Completion.

Contractor:

The PMF/CM recommends acceptance of this Certificate of Substantial Completion by the NJSDA.

PMF/CM:

The Owner accepts the Work or designated portion thereof as substantially complete and will assume full possession thereof at _____ (time) on _____ (date).

NJSDA Director or Deputy Director:

The responsibilities of NJSDA and the Contractor for security, maintenance, heat, utilities, damage to the Work and insurance shall be as follows: _____

(Note: Legal and insurance counsel of NJSDA and the Contractor should determine and review insurance requirements and coverage.)

File: _____/y-1