

SUBSTANTIAL COMPLETION APPROVAL FORM

Project Description: _____
 Date of Completion: _____
 Project Manager: _____

Project Number: _____
 Permit Number: _____
 Phone Number: _____

Department	Date	Approval Status		Printed/Signature
		Approved	Disapproved	
UCF Project Manager				
Architect of Record				
Utilities & Energy Services (UES) Director				
Environmental Health & Safety (EH&S) Director				
Facilities Planning & Construction (FP&C) Director				