

**SUBSTANTIAL COMPLETION APPROVAL FORM**

Project Number: \_\_\_\_\_ Project Description: \_\_\_\_\_  
 Project Manager: \_\_\_\_\_

Building Code Official (BCO)				
	Yes	No	Issue Date	Expiration Date
Certificate of Occupancy issued?				
Temporary Certificate of Occupancy issued?				

BCO Name:	Signature:
Date:	

Department	Date	Approval Status		Printed/Signature
		Approved	Disapproved	
UCF Project Manager				
Director, Environmental Health & Safety (EH&S)				
Director, Facilities Operations (FO)				
Director, Facilities Planning & Construction (FP&C)				
Director, Landscape & Natural Resources (LNR)				
Director, Quality Management & Improvement (QMI)				
Director, Resource Management (RM)				
Director, Utilities & Energy Services (UES)				
Associate Vice President for Administration and Finance (Facilities & Safety) (AVP signature is required only if a TCO is issued.)				