

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				
Director, Environmental Health & Safety (EHS)				
Director, Facilities Operations (FO)				
Director, Facilities Planning & Construction (FPC)				
Director, Landscape & Natural Resources (LNR)				
Director, Quality Management & Improvement (QMI)				
Director, Utilities & Energy Services (UES)				