

OWNER'S FINAL COMPLETION APPROVAL FORM

Project Number: _____ Project Description: _____
 Project Manager: _____

Department	Date	Approval Status		Printed/Signature
		Approved	Disapproved	
UCF Project Manager (PM)				
Architect of Record				
Deputy Chief of Police				
Director, Environmental Health & Safety (EH&S)				
Assistant Vice President, Operations				
Director, Landscape & Natural Resources (LNR)				
Director, Utilities & Energy Services (UES)				

Upon receipt of above stakeholder approvals:

Director, Facilities Planning & Construction (FPC)				
AVP F&S				