AS-BUILT CERTIFICATION AND REQUEST FOR CONVERSION TO OPERATION PHASE

Instructions: Complete and submit this page within 30 days of completion of the permitted activities, as required by the permit conditions. Any components of the permitted activities that are not in substantial conformance with the permit must be corrected or a modification of the permit will be required in accordance with Rule 62-330.315, Florida Administrative Code (F.A.C.). The operation phase of the permit is effective when the construction certification for the entire permit/application is approved by the Agency. If the final operation and maintenance entity is not the permittee, the permittee shall operate the system, works or other activities temporarily until such time as the transfer to the operation entity is finalized (use Form 62-330.310(2)).

| Permit No.: 67971-3 | Application No(s). | Permittee: Lost Lake | Medical Building, LLC | |
|--|--|---|---|--|
| Project Name: Hancock Square | | Phase (if applicable): | Phase (if applicable): | |
| I HEREBY CERTIFY | THAT (please choose acc | urately and check only one bo | x): | |
| works or other acti substantial conforn minor deviations w Chapter 62-330, F. | vities for the above reference with the plans special not prevent the system A.C. Attached is docume | enced project and certify the difications and conditions profits from functioning in compliant | e components of the system, at it has been constructed in ermitted by the Agency. Any nnce with the requirements of ion of any outstanding permit is. | |
| conformance with professional shall | the plans and specifi | cations permitted by the | T completed in substantial Agency. (The registered provide confirming depiction | |
| If there were substantial drawings reflecting the built" drawings. | al deviations, plans must substantial deviations. If | be submitted clearly labe there are no substantial d | eled as "as-built" or "record" eviations, do not submit "as | |
| For activities that requi | ire certification by a regi | stered professional: | | |
| By: Hele W | en Rick N | | 38725 | |
| Signature | Print Na | me | Fla. Lic. or Reg. No | |
| 11/13/2017 | McCo | / & Associates | | |
| TAFFIX | SEAL! Compan | y Name | | |
| | 732 4 ^{tr} | St., Clermont, FL 34711 | 04/13/2017 | |
| | | y Address | Date | |
| For activities that do no | ot require certification by | / a registered profession | al: | |
| Ву: | | | | |
| Signature | Print Na | me | | |
| | Compan | y Name | | |
| | Compan | v Address | Date | |











