



MONTANASTATE UNIVERSITY

UNIVERSITY SERVICES

1 PO BOX 172760, BOZEMAN, MONTANA 59717-2760

Phone: 406 994-5413 • Fax: 406 994-5665

CERTIFICATE OF SUBSTANTIAL COMPLETION

Project Name: _____ PPA NO.: _____
 Project Address: _____ Date: _____
 Project Location: _____

To: **MONTANA STATE UNIVERSITY**

**University Services
 6TH & Grant, PO Box 172760
 Bozeman, Montana 59717-2760**

Architect/Engineer: _____

Contractor: _____ Contract Date: _____
 _____ Contract Award _____
 _____ Amount: _____

PROJECT OR DESIGNATED PORTION SHALL INCLUDE:

The work performed under this Contract has been reviewed and found to be substantially complete. The Date of Substantial Completion of the Project or portion thereof designated above, which is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below is hereby established as: _____

BASIC PROJECT INFORMATION (required by Risk & Tort Defense Division)	NEW		REMODEL/RENOVATION	
Total Square Footage	Sq. Ft.		Sq. Ft.	
General Construction Material (e.g. masonry, metal panel, wood, etc.)				
Total Construction Cost				
Fire Sprinklers Installed (yes/no)	Yes	No	Yes	No
Estimated Date of Occupancy (if different from date of Substantial)				
Building Usage:				
Safety Consultation with DLI:	Yes	No	Yes	No
Additional Comments:				

