



STATE OF MONTANA
DEPARTMENT OF MILITARY AFFAIRS
CONSTRUCTION AND FACILITIES MANAGEMENT OFFICE
 1956 Mt. Majo St. • P.O. Box 4789 • Fort Harrison, MT 59636-4789
 Phone: 406 324-3100 • Fax: 406 449-5148

CERTIFICATE OF SUBSTANTIAL COMPLETION

Project Name: _____ DMA#: _____
 Project Address: _____ Date: _____
 Project Location: _____

 Agency: _____
 Address: _____
 Contact Name: _____
 Contact #: _____

To: MONTANA DEPARTMENT OF MILITARY AFFAIRS
CONSTRUCTION AND FACILITIES MANAGEMENT OFFICE
1956 MT. MAJO ST., P.O. BOX 4789
FORT HARRISON, MT 59636-4789

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

