



Phone (913) 477-7500  
FAX (913) 477-7730

# Application for Extension-Temporary Certificate of Occupancy

\$250 for 1<sup>st</sup> extension, \$500 each subsequent extension

PROJECT ADDRESS: \_\_\_\_\_

BUILDING PERMIT NO.: \_\_\_\_\_ TYPE OF OCCUPANCY (Circle One): COMM / RES

ORIGINAL TCO APPLICATION DATE: \_\_\_\_\_ ORIGINAL TCO EXPIRATION DATE: \_\_\_\_\_

OUTSTANDING DEFICIENCIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action has been taken to correct the deficiencies? \_\_\_\_\_

How much time is needed to correct the deficiencies? What factors should be considered (ie. planting season, equipment order) \_\_\_\_\_  
\_\_\_\_\_

Owner/Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ❖ CALL TO SCHEDULE A FINAL INSPECTION PRIOR TO THE NEW EXPIRATION DATE.
- ❖ THE TEMPORARY USE OF THESE PREMISES IS HEREBY GRANTED, SUBJECT TO CORRECTIONS OF ALL DEFICIENCIES IN ACCORDANCE TO THE CODES ON OR BEFORE THE FINAL COMPLETION DATE.
- ❖ FAILURE TO COMPLY WITH THE STIPULATIONS INDICATED HEREIN RENDERS THIS APPROVAL NULL AND VOID.

FOR OFFICE USE ONLY

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Codes Administrator

Extension Number \_\_\_\_\_ Extension Expiration Date: \_\_\_\_\_

Stipulations: \_\_\_\_\_

No further extensions allowed. Failure to correct deficiencies prior to the expiration date may result in legal action taken by this department to achieve compliance. Call to schedule a final inspection.

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Codes Administrator

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_