

Application for Temporary Certificate of Occupancy

Phone (913) 477-7500 FAX (913) 477-7730 \$100.00 Fee Due At Time Of Application Approval

PROJECT ADDRESS:			
BUILDING PERMIT NO.:	TYPE OF OCCUPAN	NCY (Circle One):	Comm / Res
DEFICIENCIES AS NOTED BY THE BUILDING INSPECTOR: _			
What action will be taken to correct the deficiencies?			
How long will it take to correct the deficiences? What factors sho	uld be considered (ie. plan	ting season, equipn	nent order)
THIS IS NOT A COMPLETE AND FINAL LIST OF DE AND APPROVED BEFORE A PERMANENT			
(I) (We), the Owner(s), Contractor(s), understand that if all requibuilding construction and use are not met by the date of final corordinance, and further agree that the deficiencies listed above w shown below.	mpletion as stated above,	we are subject to le	egal action as outlined by
Owner/Tenant:	Phone:	Fax:	
Contractor Name:			
Signature:			
THE TEMPORARY USE OF THESE PREMISES IS HE DEFICIENCIES IN ACCORDANCE TO THE CODES O	REBY GRANTED, SUBJE	ECT TO CORRECT	IONS OF ALL
❖ FAILURE TO COMPLY WITH THE STIPULATIONS IN	DICATED HEREIN REND	ERS THIS APPRO	VAL NULL AND VOID.
FOR OFF	FICE USE ONLY		
	TCO Expiration Da	te:	
Approved By:Codes Administrator	Date of Approval:		
Stipulations:			
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