

# APPLICATION FOR OCCUPANCY

DISTRICT NAME AND NUMBER	<input type="checkbox"/> GENERAL CERTIFICATE OF OCCUPANCY <input type="checkbox"/> CERTIFICATE OF PARTIAL OCCUPANCY <input type="checkbox"/> CERTIFICATE FOR A VEHICULAR FACILITY <input type="checkbox"/> CERTIFICATE OF TEMPORARY OCCUPANCY
FACILITY NAME	
FACILITY LOCATION	
<input type="checkbox"/> Property is owned by the district.  <input type="checkbox"/> Property is not owned by district (Attach Owner Authorization)	<input type="checkbox"/> Amendment # _____ <input type="checkbox"/> New Use - Bldg Permit # _____ <input type="checkbox"/> New Construction - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Addition - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Renovation/Repair - Project # _____ Bldg Permit # _____

### III. DESIGN PROFESSIONAL'S CERTIFICATION

To the best of my knowledge and belief (check and complete applicable statement):

- 1. Based upon my survey of the above named facility on \_\_\_/\_\_\_/\_\_\_ I find and hereby certify that the facility is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.
  
- 2. I find that the facility fails to comply fully with the requirements of Part 180. However, based upon my survey of the above named facility on \_\_\_/\_\_\_/\_\_\_ and the attached TEMPORARY FACILITY REPORT (includes the Temporary Facility Elimination Plan and the Temporary Facility Checklist), I hereby certify that such noncompliance does not jeopardize the general health and safety of the student and others who occupy the facility.
  
- 3. Based upon my survey of the work within the above named facility on \_\_\_/\_\_\_/\_\_\_ I find and hereby certify that the work is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed by the Regional Superintendent during and/or upon completion as applicable to the work.

This statement, as selected above, is valid as of the day of the survey indicated. Changes to the facility or conditions affecting it after that date may render this statement invalid.

Date	Design Professional Name	Firm Name	(Seal & Signature)
	License Number	Phone Number	Expiration Date

### SCHOOL DISTRICT CERTIFICATION

We hereby certify that this application accurately describes the status of the work and the occupancy we are seeking in order to occupy the above named facility for the primary purpose of: \_\_\_\_\_

Date	<i>President of the Board of Education</i>	Date	<i>District Superintendent</i>
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### FOR REGIONAL SUPERINTENDENT'S USE

INSPECTION RECORDS: Date Reviewed: \_\_\_/\_\_\_/\_\_\_

INSPECTION STATEMENT: Date Received: \_\_\_/\_\_\_/\_\_\_

CONFIRMATION OF CALLED INSPECTION RECORDS: Date Received: \_\_\_/\_\_\_/\_\_\_

An inspection was made or caused to be made upon the completion of the work and before issuance of a CERTIFICATE OF OCCUPANCY for the above named facility on \_\_\_/\_\_\_/\_\_\_ Any violations of the approved construction documents and building permits were noted, and the holder of the permit was notified of the discrepancies. No certificate of occupancy was issued until the discrepancies were remedied.

Date	<i>Regional Superintendent</i>
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