

Building Safety, Codes Enforcement, & Community Development Divisions 1 Riverfront Plaza, Suite 110 Lawrence, KS 66044 | www.lawrenceks.org Office (785) 832-7700 | Fax (785) 832-3110

Temporary Certificate of Occupancy Application

| Date: Building Permit #: | |
|--|---|
| Contractor Name: | |
| Property Owner (or Project Owner/Tenant) Name: | |
| Project Name (If Applicable): | |
| Project Address: | |
| Date of Requested Temporary Occupancy: | Estimated Date of Final Project Completion: |
| Area(s) Requested for Occupancy: | |
| Reason for Request: | |
| Identify Work That Is Not Complete: | |
| of a structure prior to the completion of the entire structure if portion or portions comply with the provisions of the technica 2. The Building Safety Department may suspend or revoke the Torequirement of the TCO or the building permit approval, or of 3. Prior to the expiration of the TCO, it is the responsibility of the and to obtain inspection approvals for completion of permitted Development Services Building Inspectors for all trade inspect building), and by Developments Services and/or Planning stafflandscaping, etc.) prior to issuance of a full, unconditioned Cert duration of the TCO, re-application for a TCO is required. | CO if it is determined that the building is in violation of any condition or any other City of Lawrence Codes or Regulations. Owner (or Project Owner) or Contractor to request required inspections ed work. Full, final inspections-approvals are required by the Fire Inspector, by tions applicable to the building permit (mechanical, plumbing, electrical, if for applicable site plan compliance (exterior ADA requirements, parking, ifficate of Occupancy. If uncompleted work cannot be finished during the en completed, applicable fees have been paid, Certificate has been sted in the area to be occupied.— GREE TO CONFORM TO THE PROVISIONS OF THIS |
| Print Name: | |
| Phone #: | |
| Email: | |
| Contractor Signature: | |
| _ | PROJECT OWNER OR TENANT |

Signature: ___