

Application for Certificate of Occupancy \$100.00 due at time of Application.

No Fee required when submitted as part of Building Permit Application. Obtain City Business License before submitting this Application.

This Application cannot be processed unless fully completed and all required documents are attached.

□ New Business loc	cation Expar	nsion/Modification of Ex	□ Existing Business – no CO						
Application Date:	Business License # or Receipt #:								
1. Proposed occupant (business name), including any dba or aka:									
• •	•	ing suite, unit, etc. List ease list existing space	•	, followed by address r	ange if				
3. Is this a sub-lease? ☐ Yes ☐ No If Yes, Business Name of other occupying tenant:									
4. Classify square to Office:	footage of space o Warehouse:	ccupied (both new and Retail :	d existing): Production:	Showroom:					
Total (all areas):									
5. Assembly occup (Application must Include	ancies, seating (i.e de Seating Diagram/Clas	e. fitness, recreational, ss Schedule. Call Community	educational, restaura Development at 913-477-7	ants, etc.): 500 for additional requiremen	its.)				
Fixed:	Bar:	Waiting Area:	Other:	Total:	□ N/A				
6. Business park or	r shopping center i	name:							
7. Nature of busine	ess:								
☐ Warehousing	☐ Production	☐ Distribution ☐ S	Sales Service	☐ Other:					
8. Kind of goods so	old or advertised, c	r services provided:							
9. Products are sold: Retail Wholesale Combination % of each if Combination: Industrially zoned properties providing retail services must submit a floor plan reflecting areas open to the public.									
10. Products are so	old to: 🗖 Gene	eral Public 🗖 Busi	iness Community	☐ Combination					
11. Method of prod	luct storage: 🗖 S	helves 🛮 Racks	☐ Piles ☐ Ot	ther:	□ N/A				
12. Storage is loca	ted: Interior	1 Exterior Sto	rage Height: feet	inches	□ N/A				
13. List type of mad	chinery and/or equ	ipment that will be inst	alled:		□ N/A				

14. List any hazardous materials to be used or stored. Attach MSDS sheets. (Call Fire Department at 913-888-6380 for additional requirements and information.)									
15. List maximum amount of hazardous materials to be used and/or stored on site at any one time. (Call Fire Department at 913-888-6380 for additional requirements and information.)									
16. Maximum number of persons to be employed: Male: Female: Total:									
17. Is the building protected by a fire sprinkler system? ☐ Yes ☐ No # Floors:									
18. Former occupant (lf known):								
19. Person in charge o	f business on-site:								
Day Phone:	F	āx:	Email:						
20. Person to call for in	nformation or access:								
Day Phone:	F	āx:	Email:						
21. Property Owner:									
Street Address: City/State/Zip:									
22. Leasing Agent:	F	Phone:	Email:						
Street Address:		ity/State/Zip:							
Applicant for this Certificate of Occupancy hereby affirms by affixing his/her signature that the information contained herein is a complete and accurate description of the business proposed to occupy the above listed unit.									
Applicant Signature:	Affiliation:								
Approval of a Certificate of Occupancy shall in no way constitute waiver of any applicable city, building, sign, fire, or life safety codes, or acquisition of all applicable permits or licenses or payment of all applicable fees.									
Data Daid		r Office Use Only	A multipation N	unale a m					
	Payment Type:	Rec'd By:	Application N						
Parcel I.D. #	Zoning District:	Zoning District: Certificate Number:							
Planning Approval by/date: Building Div. Approval by/date:									
Conditions of Approval	l:								
Reason for Denial:									
Occupant Load:	Sprinkler Syster	m Required? Y / N	Buil	ding Code:					
Construction type:	Occupancy Gro	Occupancy Group:		Inspection Date:					