



Application for Certificate of Occupancy

\$100.00 due at time of application

No Fee required when submitted as part of Building Permit application
Submit City Business License application with this application

Cannot be processed unless fully completed and all required documents are attached. **Name/Ownership Change Only**

New Business location **Expansion/Modification of Existing Business** **Existing Business – no CO**

Application Date:	Business License # :
1. Proposed occupant (business name), including any dba or aka:	
2. Address(es) to be occupied, including suite, unit, etc. <i>List mailing address first, followed by address range if applicable. If this is an expansion, please list existing space occupied as well.</i>	
Describe any building modifications planned.	
3. Is this a sub-lease? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Business Name of other occupying tenant:	
4. Classify square footage of each type of space occupied, <u>Existing</u> and <u>New if expanding</u> :	
EXISTING	
Office:	Warehouse: Retail: Production: Showroom: Other:
NEW	
Office:	Warehouse: Retail: Production: Showroom: Other:
TOTAL of all areas _____ sq. ft.	
5. Assembly occupancies, seating (i.e. fitness, recreational, educational, restaurants, etc.): <i>(Application must Include Seating Diagram/Class Schedule. Call Community Development at 913-477-7500 for additional requirements.)</i>	
Fixed:	Bar: Waiting Area: Other: Total: <input type="checkbox"/> N/A
6. Business park or shopping center name:	
7. Nature of business: <input type="checkbox"/> Warehousing <input type="checkbox"/> Production <input type="checkbox"/> Distribution <input type="checkbox"/> Sales <input type="checkbox"/> Service <input type="checkbox"/> Other:	
8. Kind of goods sold or advertised, or services provided:	
9. Products are sold: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Combination % of each if Combination: <i>Industrially zoned properties providing retail services must submit a floor plan reflecting areas open to the public.</i>	
10. Products are sold to: <input type="checkbox"/> General Public <input type="checkbox"/> Business Community <input type="checkbox"/> Combination	
11. Method of product storage: <input type="checkbox"/> Shelves <input type="checkbox"/> Racks <input type="checkbox"/> Piles <input type="checkbox"/> Other: <input type="checkbox"/> N/A	
12. Storage is located: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior Storage Height: feet inches <input type="checkbox"/> N/A	
13. List type of machinery and/or equipment that will be installed: <input type="checkbox"/> 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.)			<input type="checkbox"/> N/A
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.)			<input type="checkbox"/> N/A
16. Maximum number of persons to be employed:			
17. Is the building protected by a fire sprinkler system?			# Floors:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Former occupant (If known):			
19. Person in charge of business on-site:			
Day Phone:		Fax:	Email:
20. Person to call for information or access:			
Day Phone:		Fax:	Email:
21. Property Owner:			
Street Address:		City/State/Zip:	
22. Leasing Agent:			
Street Address:		City/State/Zip:	
Phone:		Email:	
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:		Business 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.			
For Office Use Only			
Date Paid:	Payment Type:	Rec'd By:	Receipt Number:
Parcel I.D. #	Zoning District:	Certificate Number:	
Planning Approval by/date:		Building Div. Approval by/date:	
Conditions of Approval:			
Reason for Denial:			
Occupant Load:	Sprinkler System Required? Y / N		Building Code:
Construction type:	Occupancy Group:	Inspection Date:	