

# APPLICATION FOR OCCUPANCY/COMPLETION

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 <input type="checkbox"/> COMPLETION
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"/> New Use <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Repair

### III. ARCHITECT/ENGINEER'S STATEMENT OF COMPLIANCE/COMPLETION

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. CONFIRMATION OF CALLED INSPECTION RECORDS has been submitted to, and 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. CONFIRMATION OF CALLED INSPECTION RECORDS has been submitted to, and 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	Architect/Engineer 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 or certification we are seeking in order to occupy the above named facility for the primary purpose of: \_\_\_\_\_

Date	President of the Board of Education	Date	District Superintendent
------	-------------------------------------	------	-------------------------

#### REGIONAL SUPERINTENDENT CERTIFICATION

The facility was surveyed by me on \_\_\_\_\_ and was found to comply with the requirements specified in the Health/Life Safety Code for Public Schools for such a facility.

Date	Regional Superintendent
------	-------------------------

# INSPECTION STATEMENTS

---

## **Illinois Elevator Safety Inspection Statement**

**2008 OSFM Illinois Elevator Safety Rules (71 Ill. Adm. Code 400) Effective May 27, 2008**

Based upon my survey of the project at or within the \_\_\_\_\_ (facility name), I find and hereby certify that the project has been inspected as required by the 2008 OSFM Illinois Elevator Safety Rules, Ill. Adm. Code 1000, May 27, 2008.

_____	_____	
Design Professional Name	Firm	
_____	_____	(Seal)
Design Professional Signature	Date	

---

## **IBPVS Inspection Statement**

**2004 OSFM Boiler and Pressure Vessel Safety Rules (41 Ill. Admin. Code 120) Effective September 24, 2004**

Based upon my survey of the project at or within the \_\_\_\_\_ (facility name), I find and hereby certify that the project has been inspected as required by the 2004 OSFM Boiler and Pressure Vessel Safety Rules (41 Ill. Adm. Code 120), Effective September 24, 2004.

_____	_____	
Design Professional Name	Firm	
_____	_____	(Seal)
Design Professional Signature	Date	

---

## **IPC Inspection Statement**

**2005 Illinois Plumbing Code (77 Ill. Admin. Code 890) Effective April 8, 2005**

Based upon my survey of the project at or within the \_\_\_\_\_ (facility name), I find and hereby certify that the project has been inspected as required by the 2005 Illinois Plumbing Code (77 Admin. Code 890) effective April 8, 2005.

_____	_____	
Design Professional Name	Firm	
_____	_____	(Seal)
Design Professional Signature	Date	

---

(1/11) Form 36-36 (for use in confirming inspections have been conducted for other Illinois Agency codes)

# CONFIRMATION OF CALLED INSPECTION RECORDS

**2006 International Building Code Called Inspection Records (click for samples)**

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Footing			
2.	Foundation			
3.	Concrete Slab / Under-floor			
4.	Lowest Floor Elevation			
5.	Framing			
6.	Lathe and Gypsum Board			
7.	Fire Resistant Penetrations			
8.	Energy Efficiency			
9.	Special Inspection			
10.	Final IBC			

**2006 International Electrical Code (Appendix K) Called Inspection Records (click for samples)**

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Prefabricated Assembly Evaluation Report			
2.	Underground			
3.	Rough-in			
4.	Final IEC			

**2006 International Energy Conservation Code Called Inspection Records (click for samples)**

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Foundation (thermal envelope)			
2.	Framing (thermal envelope)			
3.	Insulation (thermal envelope)			
4.	Rough-in "Okay to Cover" (mechanical, service water heating, electrical, lighting)			
5.	Final (mechanical, service water heating, electrical, lighting)			
6.	Final IECC			

**2006 International Fire Code Called Inspection Records (click for samples)**

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Final IFC			

**2006 International Mechanical and Fuel Gas Code Called Inspection Records (click for samples)**

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Prefabricated Assembly Evaluation Report			
2.	Underground Piping			
3.	Rough-in			
4.	Final IMC & IFGC			

# TEMPORARY FACILITY REPORT - Part I

## Temporary Facility Elimination Plan

The Board of Education for \_\_\_\_\_  
*District Name and Number*

in \_\_\_\_\_ County, IL, upon resolution adopted at a duly convened meeting, hereby

requests an approval for usage of temporary facility to be used in connection with the

\_\_\_\_\_ located at \_\_\_\_\_  
*Name of School Building* *Address of School Building*

until June 30, \_\_\_\_\_.

This temporary facility will be used for:

- Classrooms
- Storage
- Library
- Gymnasium
- Auditorium
- Other \_\_\_\_\_.

This temporary facility will be:

- Relocatables
- Temporary rooms in: \_\_\_\_\_  
*Name of Location (rental of churches, etc)*

Number of units, rooms or buildings to be used: \_\_\_\_\_.

Number of pupils to be housed in temporary housing: \_\_\_\_\_.

The Board of Education has diligently attempted to eliminate the need for this temporary facility by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the plan for elimination of the code deficiencies to bring this facility into compliance with 23 Ill. Adm. Code, Part 180 or to eliminate the need to use this facility?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This plan will be accomplished by \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date* *Signature of Board President*

\_\_\_\_\_  
*Date* *Signature of Board Secretary*

**I have reviewed the request of School District No. \_\_\_\_\_, and approve the request for temporary housing as submitted by the Board of Education and certified by their architect/engineer.**

\_\_\_\_\_  
*Date* *Signature of Regional Superintendent*

- 26. Is automatic fuel-burning and heating equipment serviced annually by a qualified person?
- 27. Have all heat exchanges of forced warm air furnaces and unit heater been examined to determine that they are airtight to prevent carbon monoxide and other combustion gases from getting into occupied space?
- 28. Are all combustible waste materials disposed of daily from classroom and building?
- 29. Is the insulation material non-combustible and interior finishing flamespread 75 or less?
- 30. Are non-flammable cleaning materials used?
- 31. Are storerooms and closets free from waste accumulations and unnecessary materials?
- 32. Are enough fire extinguishers of approved type for intended use installed in the building? (75 feet max. from any point in the facility to a fire extinguisher.)
- 33. Have fire extinguishers been inspected and so tagged within the past year?
- 34. Is the temperature control of the heating and/or cooling system adequate?
- 35. Is the supply of fresh air adequate (classroom, assemblies and toilets) as required?

List all areas of noncompliance:

---



---



---



---



---



---



---

**ARCHITECT**

The State

*of Illinois licensed architect and/or engineer, employed by this district, has certified to this Board of Education that to the best of his/her knowledge and belief, the above mentioned structure will not present a health/life safety hazard to the students housed therein for the school year 20\_\_ - 20\_\_. Further, such architect and/or engineer has listed the area of noncompliance with the Health/Life Safety Code.*

(Seal)

License Number

Expiration Date

Name and Signature of Architect/Engineer

Name of Firm

Date of Inspection

**SCHOOL DISTRICT**

*We hereby certify that this application accurately describes the work to be performed, and that, upon approval all work will be completed in accordance with this application and all applicable laws and regulations.*

Date Signature of President, Board of Education

Date Signature of District Superintendent

**REGIONAL SUPERINTENDENT**

*The above Annual Inspection Checklist for a temporary facility is hereby accepted as submitted.*

Date Signature Regional Superintendent