



271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - [www.sedgewickcounty.org](http://www.sedgewickcounty.org) - TEL: 316-660-1840 - FAX: 316-660-1810

## MABCD Application for Temporary Certificate of Occupancy

If the Building Official finds that no substantial hazard will result from the occupancy of a building or portion thereof before the building is completed, a Temporary Certificate of Occupancy may be issued for the use of the building or portions thereof prior to completion of the entire building or project. The following is a guide to be used to determine eligibility for a Temporary Certificate of Occupancy as provided in Section 110.4 of the International Residential Code or Section 111.3 of the International Building Code as required by MABCD Directive #14-B7 - Procedure for issuance of a Temporary Certificate of Occupancy. All Applicable items on this form shall be initialed by the appropriate inspector and the signature block following each section, shall be signed and dated by the inspector, prior to occupancy by anyone other than those involved with the actual construction or remodeling of the project.

**ALLOW THREE (3) BUSINESS DAYS FOR PROCESSING**

**Please PRINT**

**TO BE FILLED OUT BY THE CONTRACTOR IN ITS ENTIRETY**

MABCD Permit # \_\_\_\_\_ Address \_\_\_\_\_

Construction Type \_\_\_\_\_ Classification of Occupancy \_\_\_\_\_

Contractor Name (print) \_\_\_\_\_

Property Owner of Project (print) \_\_\_\_\_

Reason Why Temporary Certificate of Occupancy is needed:

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

DATE TCO is to start: \_\_\_\_\_ DATE TCO expires: \_\_\_\_\_

Contractor Signature & Date of Agreement: \_\_\_\_\_

Owner Signature & Date of Agreement: \_\_\_\_\_

**NOT VALID UNTIL APPROVED AND POSTED ON JOB SITE**

**To be completed by the inspectors of each section, mark each item either - Yes, No or N/A for not applicable.**

**Building:**

- 1. Exit Systems are complete & unobstructed by scaffolding, ladders, construction materials, etc. \_\_\_\_\_
- 2. Fire resistive walls & assemblies are complete, rated walls, labeled doors, closures, etc. \_\_\_\_\_
- 3. Guardrails & Handrails are complete. \_\_\_\_\_
- 4. Address markers are in place. \_\_\_\_\_

Verified by \_\_\_\_\_ Date: \_\_\_\_\_

**Electrical:**

- 1. All required exit signs & emergency lighting are complete and operational. \_\_\_\_\_
- 2. All service equipment is installed, and all live parts are totally enclosed. \_\_\_\_\_
- 3. All panels, boxes & equipment accessible to the occupants of the building are properly enclosed. \_\_\_\_\_

Verified by \_\_\_\_\_ Date: \_\_\_\_\_

**Plumbing:**

- 1. At least one water closet & Lavatory for each sex is complete & operational, if required. \_\_\_\_\_
- 2. No Hazards have been observed in the gas, water or drainage piping. \_\_\_\_\_
- 3. All gas appliances are installed & meet all combustion-air & venting requirements. \_\_\_\_\_

Verified by \_\_\_\_\_ Date: \_\_\_\_\_

**Mechanical:**

- 1. All furnaces are installed, and meet all clearances, venting, and combustion air, and are provided with permanent access. \_\_\_\_\_
- 2. All exhaust & grease hoods are installed, tested and operational. \_\_\_\_\_
- 3. All required HVAC systems, fire smoke dampers and smoke actuated shut-offs are installed, and provided with permanent access. \_\_\_\_\_

Verified by \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Department:**

- 1. Fire access/ Fire lanes are installed and operational. \_\_\_\_\_
- 2. Fire hydrants are within the required distance, tested and operational. \_\_\_\_\_
- 3. Automatic fire suppression systems have been tested & are operational. \_\_\_\_\_
- 4. Fire extinguishers are in place. \_\_\_\_\_
- 5. Fire detection/ alarm systems have been tested and are operational. \_\_\_\_\_
- 6. Additional requirements below: \_\_\_\_\_

Verified by \_\_\_\_\_ Date: \_\_\_\_\_

**MABCD Water Well/Wastewater \* (if required)**

\* Unincorporated construction only

Verified by \_\_\_\_\_ Date: \_\_\_\_\_

**MABCD Elevator Inspector (if required)**

Verified by \_\_\_\_\_ Date: \_\_\_\_\_

**Deficiencies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MABCD Building Inspector Signature (last to sign off)**

Verified by \_\_\_\_\_ Date: \_\_\_\_\_

**TCO Approval** \_\_\_\_\_ **DATE:** \_\_\_\_\_