



271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - 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

MABCD Permit # _____

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:** _____