

LAKE COUNTY ROE 34 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"/> CERTIFICATE OF PROJECT 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)	PROJECT NUMBER: _____ <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 and / or SPECIAL INSPECTION RECORDS has been submitted to, and CALLED and / or SPECIAL 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 and / or SPECIAL INSPECTION RECORDS has been submitted to, and CALLED and / or SPECIAL 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	Date
<i>President of the Board of Education</i>	<i>District Superintendent</i>

REGIONAL SUPERINTENDENT CERTIFICATION

The facility was surveyed by me or my designee 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