



Phone: 913-477-7700
 Fax: 913-477-7730
 www.ci.lenexa.ks.us

Application for Certificate of Occupancy

\$100.00 due at time of Application.

No Fee when submitted as part of Building Permit Application.

Obtain City Business License before submitting this Application.

This Application cannot be processed unless fully completed and all required documents are attached.

Application Date:	Business License # or Receipt #:
1. Proposed Occupant (Business Name), including any dba or aka:	
2. Address of Unit to be Occupied & Suite:	
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 Ft. of Unit: Office: _____ Warehouse: _____	
Retail:	Production: Showroom: Total (all areas):
5. Assembly Occupancies, Seating (i.e. fitness, recreational, educational, restaurants, etc.): <i>(Application must Include Seating Diagram/Class Schedule. Call Planning at 913-477-7700 for additional requirements.)</i>	
Fixed:	Bar: Waiting Area: Other: Total:
6. Business Park or Shopping Center Name:	
7. Nature of Business (circle all that apply):	
Warehousing Production Distribution Sales Service 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 (circle all that apply): Shelves Racks Piles Other:	
12. Storage is located: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior Storage Height: feet inches	
13. List type of machinery and/or equipment that will be installed, if any:	

14. List any hazardous materials to be used or stored, if any. Attach MSDS sheets. <i>(Call Fire Department at 913-888-6380 for additional requirements and information.)</i>			
15. List maximum amount of hazardous materials to be used and/or stored on site at any one time. <i>(Call Fire Department at 913-888-6380 for additional requirements and information.)</i>			
16. Maximum number of persons to be employed: Male:		Female:	Total:
17. Is the building protected by a fire sprinkler system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	# Floors:
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:			
22. Leasing Agent:		Phone:	Email:
Street Address:		City/State/Zip:	
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:		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:	Application Number:
Parcel I.D. #	Zoning District:	Certificate Number:	
Planning Approval by/date:		Building Div. Approval by/date:	
Conditions of Approval:			
Reason for Denial:			
Construction type:		Occupancy Group:	Inspection Date: