

Business Information

Date

Business License Number or Receipt Number

Proposed Occupant (Business name), including any dba or aka

Address of Unit to be Occupied & Suite

Is this a sub-lease? If Yes, Business name of other occupying tenant

Classify Square Ft. of Unit

Office	Warehouse	Retail
Production	Showroom	Total (all areas)

Assembly Occupancies, Seating (i.e. fitness, recreational, educational, restaurants, etc.)

(Application must Include Seating Diagram/Class Schedule. Call Planning for additional requirements.)

Fixed	Bar	Waiting Area
Other	Total	

Business Park or Shopping Center Name

Nature of Business (check all that apply)

Warehousing	Production	Distribution
Sales	Service	Other

Kind of Goods Sold or Advertised, or Services Provided

Products are sold

% of each if Combination

Industrially zoned properties providing retail services must submit a floor plan reflecting areas open to the public.

Products are sold to

Method of Product Storage (check all that apply)

Shelves	Racks	Piles	Other
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Storage is located

Storage Height (feet & inches)

List type of machinery and/or equipment that will be installed, if any



List any hazardous materials to be used or stored, if any. Attach MSDS sheets.

(Call Fire Department at 913-888-6380 for additional requirements and information.)

List max amount of hazardous materials to be used and/or stored on site at any one time.

(Call Fire Department at 913-888-6380 for additional requirements and information.)

Maximum number of persons to be employed Male Female Total
 Is the building protected by a fire sprinkler system? # Floors
 Former Occupant (If known)

Person in charge of business on-site

Name
 Day Phone Fax Email

Person to call for information or access

Name
 Day Phone Fax Email

Property Owner

Name

Leasing Agent

Street Address City
 State Zip Phone Email

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.

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.

\$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.

Application for Certificate of Occupancy

P.O. Box 14888

Lenexa, Kansas 66285-4888

Fax 913-477-7730



Office Use Only

Date Paid	Payment Type
Received By	Application Number
Parcel I.D.	Zoning District
Certificate Number	
Planning Approval by/date	Building Division Approval by/date
Conditions of Approval	

Reason for Denial	
Construction type	Occupancy Group
Inspection Date	

