

# APPLICATION FOR OCCUPANCY

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
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)	<input type="checkbox"/> Amendment # _____ <input type="checkbox"/> New Use - Bldg Permit # _____ <input type="checkbox"/> New Construction - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Addition - Project # _____ Bldg Permit # _____ <input type="checkbox"/> Renovation/Repair - Project # _____ Bldg Permit # _____

## III. DESIGN PROFESSIONAL'S CERTIFICATION

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. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED 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. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED 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	Design Professional 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 we are seeking in order to occupy the above named facility for the primary purpose of: \_\_\_\_\_

Date	President of the Board of Education	Date	District Superintendent
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## FOR REGIONAL SUPERINTENDENT'S USE

INSPECTION RECORDS: Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

INSPECTION STATEMENT: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

CONFIRMATION OF CALLED INSPECTION RECORDS: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

An inspection was made or caused to be made upon the completion of the work and before issuance of a CERTIFICATE OF OCCUPANCY for the above named facility on \_\_\_\_/\_\_\_\_/\_\_\_\_. Any violations of the approved construction documents and building permits were noted, and the holder of the permit was notified of the discrepancies. No certificate of occupancy was issued until the discrepancies were remedied.

Date	Regional Superintendent
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## INSPECTION STATEMENTS

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### **Illinois Elevator Safety Inspection Statement** **Current OSFM Illinois Elevator Safety Rules (41 Ill. Adm. Code 1000) as of January 1, 2025**

Based upon my survey of the project at or within the \_\_\_\_\_ (facility name), I find and hereby certify that the project has been inspected as required by the current OSFM Illinois Elevator Safety Rules, 41 Ill. Adm. Code 1000, as of January 1, 2025.

☐ NOT APPLICABLE \_\_\_\_\_ (initial)

\_\_\_\_\_  
Design Professional Name

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Design Professional Signature

\_\_\_\_\_  
Date

(Seal)

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### **IBPVS Inspection Statement** **Current OSFM Boiler and Pressure Vessel Safety Rules (41 Ill. Admin. Code 2120) as of January 1, 2025**

Based upon my survey of the project at or within the \_\_\_\_\_ (facility name), I find and hereby certify that the project has been inspected as required by the current OSFM Boiler and Pressure Vessel Safety Rules (41 Ill. Adm. Code 2120), as of January 1, 2025

☐ NOT APPLICABLE \_\_\_\_\_ (initial)

\_\_\_\_\_  
Design Professional Name

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Design Professional Signature

\_\_\_\_\_  
Date

(Seal)

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### **IPC Inspection Statement** **Current Illinois Plumbing Code (77 Ill. Admin. Code 890) as of January 1, 2025**

Based upon my survey of the project at or within the \_\_\_\_\_ (facility name), I find and hereby certify that the project has been inspected as required by the current Illinois Plumbing Code (77 Admin. Code 890) as of January 1, 2025.

☐ NOT APPLICABLE \_\_\_\_\_ (initial)

\_\_\_\_\_  
Design Professional Name

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Design Professional Signature

\_\_\_\_\_  
Date

(Seal)

Project # \_\_\_\_\_

# CONFIRMATION OF CALLED INSPECTION RECORDS

2024 International Building Code Called Inspection Records

☐ NOT APPLICABLE (initial)

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Footing			
2.	Foundation			
3.	Concrete Slab / Under-floor			
4.	Lowest Floor Elevation			
5.	Framing			
6.	Lathe and Gypsum Board			
7.	Fire Resistant Penetrations			
8.	Energy Efficiency			
9.	Special Inspection			
10.	Final IBC			

2024 International Electrical Code (Appendix K) Called Inspection Records

☐ NOT APPLICABLE (initial)

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Prefabricated Assembly Evaluation Report			
2.	Underground			
3.	Rough-in			
4.	Final IEC			

2024 International Energy Conservation Code Called Inspection Records

☐ NOT APPLICABLE (initial)

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Foundation (thermal envelope)			
2.	Framing (thermal envelope)			
3.	Insulation (thermal envelope)			
4.	Rough-in "Okay to Cover" (mechanical, service water heating, electrical, lighting)			
5.	Final (mechanical, service water heating, electrical, lighting)			
6.	Final IECC			

2024 International Fire Code Called Inspection Records

☐ NOT APPLICABLE (initial)

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Final IFC			

2024 International Mechanical and Fuel Gas Code Called Inspection Records

☐ NOT APPLICABLE (initial)

	Called Inspection Type	Approval to Proceed Date	A/E or Qualified Inspector Signature	ISBE ID Number or A/E License Number
1.	Prefabricated Assembly Evaluation Report			
2.	Underground Piping			
3.	Rough-in			
4.	Final IMC & IFGC			

# TEMPORARY FACILITY REPORT - Part I

## Temporary Facility Elimination Plan

The Board of Education for \_\_\_\_\_  
*District Name and Number*

in \_\_\_\_\_ County, IL, upon resolution adopted at a duly convened meeting, hereby

requests an approval for usage of temporary facility to be used in connection with the

\_\_\_\_\_ located at \_\_\_\_\_  
*Name of School Building* *Address of School Building*

until June 30, \_\_\_\_\_.

This temporary facility will be used for:

- ☐ Classrooms
- ☐ Storage
- ☐ Library
- ☐ Gymnasium
- ☐ Auditorium
- ☐ Other \_\_\_\_\_.

This temporary facility will be:

- ☐ Relocatables
- ☐ Temporary rooms in: \_\_\_\_\_  
*Name of Location (rental of churches, etc)*

Number of units, rooms or buildings to be used: \_\_\_\_\_.

Number of pupils to be housed in temporary housing: \_\_\_\_\_.

The Board of Education has diligently attempted to eliminate the need for this temporary facility by:

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

What is the plan for elimination of the code deficiencies to bring this facility into compliance with 23 Ill. Adm. Code, Part 180 or to eliminate the need to use this facility?

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

This plan will be accomplished by \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date* *Signature of Board President* *Date* *Signature of Board Secretary*

**I have reviewed the request of School District No. \_\_\_\_\_, and approve the request for temporary housing as submitted by the Board of Education and certified by their design professional.**

\_\_\_\_\_  
*Date* *Signature of Regional Superintendent*

# TEMPORARY FACILITY REPORT - Part II

## Temporary Facility Checklist

District Name/Number			Building Name		
Number of Units	Year Originally Constructed	Area Square Feet	Enrollment	Grade Level	Number of years in use

### COMPLIANCE

### CHECK FOR THE FOLLOWING CONDITIONS

YES NO NA

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the unit constructed according to 77 IL Adm Code Part 880 and the seal of approval from IDPH posted as required?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the district have on file the compliance certificate from IDPH (pink copy)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Design Professional has verified with the IL Dept of Natural Resources/IDOT that the unit(s) is/are not located in a designated floodplain area.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the building securely anchored to the foundation as to withstand the wind load as described in ASCE 7-95?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are there 2 exits on opposite sides of building?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there an interconnecting door between classrooms?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is the building located in accordance with Section 175.120 of 23 IL Administrative Code, Part 175? (30 feet from adjacent building or separated by two-hour fire wall; or BOCA 705.2 20'-0" or fire wall) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the foundation walls maintained plumb and free from open cracks and breaks and kept in such condition as to prevent entry of weather, animals and insects?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the enclosure between the floor and ground in good condition? (Tight to prevent entrance of weather, animals and insects)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are the steel floor support members in good rust-free condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is the general exterior appearance of the building in an acceptable, well-maintained condition free of loose strips or battens?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Is the roof and flashing in good condition?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are stair tread and ramps maintained with non-slip finish and platforms in good condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are the restrooms clean, adequate and in operable condition and properly ventilated?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are the plumbing fixtures properly installed and maintained in working order, free from leaks and defects?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are the lighting fixtures properly maintained, complete with lenses and louvers?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Do the doors lock securely without additional locks, bolts or chains?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Are doors equipped with panic hardware (If occupancy is over 100 occupants)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. When building is occupied, are all the doors free from devices or wedges to prevent normal operation?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Are screened or barred windows easily opened from inside without keys or tools?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Is the exit lighting system used and all exit lights operable when the building is occupied? (rooms/corridors with more than 2 doors)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Is the building equipped with an approved operable alarm and detector system?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Are utility shut-offs properly and clearly marked?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Is all fuel-burning and heating equipment (flues, ducts, pumps, etc.) maintained and in serviceable condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Is automatic fuel-burning and heating equipment serviced annually by a qualified person?   |

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Have all heat exchanges of forced warm air furnaces and unit heater been examined to determine that they are airtight to prevent carbon monoxide and other combustion gases from getting into occupied space? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Are all combustible waste materials disposed of daily from classroom and building?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Is the insulation material non-combustible and interior finishing flamespread 75 or less?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Are non-flammable cleaning materials used?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Are storerooms and closets free from waste accumulations and unnecessary materials?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Are enough fire extinguishers of approved type for intended use installed in the building? (75 feet max. from any point in the facility to a fire extinguisher.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have fire extinguishers been inspected and so tagged within the past year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Is the temperature control of the heating and/or cooling system adequate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Is the supply of fresh air adequate (classroom, assemblies and toilets) as required?  |

List all areas of noncompliance:

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### Illinois Licensed Design Professional

*The State of Illinois licensed design professional, employed by this district, has certified to this Board of Education that to the best of his/her knowledge and belief, the above mentioned structure will not present a health/life safety hazard to the students housed therein for the school year 20\_\_ - 20\_\_. Further, such design professional has listed the area of noncompliance with the Health/Life Safety Code.*

(Seal)

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Design Professional

\_\_\_\_\_  
Name of Firm Date of Inspection

### SCHOOL DISTRICT

*We hereby certify that this application accurately describes the work to be performed, and that, upon approval all work will be completed in accordance with this application and all applicable laws and regulations.*

\_\_\_\_\_  
Date Signature of President, Board of Education

\_\_\_\_\_  
Date Signature of District Superintendent

### REGIONAL SUPERINTENDENT

*The above Annual Inspection Checklist for a temporary facility is hereby accepted as submitted.*

\_\_\_\_\_  
Date Signature Regional Superintendent

# BUILDING PERMIT COMPLETION STATEMENT

## FOR WORK NOT AFFECTING THE EXISTING CERTIFICATE OF OCCUPANCY

The Board of Education for \_\_\_\_\_, in  
*District Name and Number*

\_\_\_\_\_ County, hereby proclaims the work outlined in Building Permit # \_\_\_\_\_ for the  
\_\_\_\_\_ facility at \_\_\_\_\_, Illinois, as required under,  
*Address of School*

Section 2-3.12 of the School Code of Illinois, approved by the Regional Superintendent on \_\_\_\_\_, has now  
been completed.

WHEREAS, The Board of Education of School District No. \_\_\_\_\_, in \_\_\_\_\_ County, has  
caused to be effectuated such work described in the application for building permit ;

NOW, therefore, we \_\_\_\_\_, President of the Board of Education of School District

No. \_\_\_\_\_ in \_\_\_\_\_ County, Illinois and \_\_\_\_\_, the responsible design  
professional, state that the work describe in the application for building permit is now completed in compliance with 23 IL  
ADM Code, Part 180.

(Seal)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of President of the School Board*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of District Superintendent*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Design Professional*

The applicable inspection records for this project of District # \_\_\_\_\_ have been reviewed. These records and the  
inspection statements of the district Design Professional provide assurance that all requirements of 23 IL ADM Code 180  
have been met, regarding work at the \_\_\_\_\_.  
*(Building Name)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Regional Superintendent*

\_\_\_\_\_  
*County*