**State of Kansas - Request for Final Occupancy or Partial Occupancy**

Department of Administration, OFPM-DCC

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       |  |       |  |       |  |  |
| Date |  |  DCC Project No. |  | Agency Project No |  |  |
|       |  |       |
| Agency |  | Building Name and Project Title   |
|  | Contact Name |
| Agency (Owner): |       |
| A/E: |       |
| Prime Contractor Contact: |       |

|  |
| --- |
| **Check applicable box** |
| [ ]  | Request for Occupancy (entire project) 1. Final inspection scheduled for. Date:
2. Anticipated Completion/Occupancy. Date:
 |
| [ ]  | Request for Partial Occupancy (portion of the project): Describe area:       Attach floor plan indicating portion of project to be occupied.1. Final inspection scheduled for. Date:
2. Anticipated Completion/Occupancy. Date:

  |
| **Comments:**  |

**Agency (Owner) to E-mail this form to the A/E, Prime Contractor and to:**

 Ray Smith

Design, Construction & Compliance Design, Construction and Compliance

Office of Facilities & Property Management Architect and DCC Building Construction Inspector Supervisor

dcc@ks.gov ray.smith@ks.gov

|  |
| --- |
| **DCC TO COMPLETE THIS SECTION.**  |
| [ ]  | **Final Inspection for Occupancy (or Partial Occupancy) may be scheduled. Personnel to be contacted for inspection:** [ ]  DCC Inspector:       [ ]  Office of State Fire Marshal 785-296-3401.  |
| [ ]  | **Final Inspection cannot be scheduled. Provide the following:** |
| **DCC Comments:**  |

**NOTE: AGENCY COORDINATE FINAL INSPECTION WITH PERSONNEL INDICATED ABOVE OR PROVIDE INFORMATION REQUESTED.**

1220