

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	
<input type="checkbox"/>	Request for Occupancy (entire project) a. Final inspection scheduled for. Date: b. Anticipated Completion/Occupancy. Date:
<input type="checkbox"/>	Request for Partial Occupancy (portion of the project): Describe area: Attach floor plan indicating portion of project to be occupied. a. Final inspection scheduled for. Date: b. Anticipated Completion/Occupancy. Date:
Comments:	

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

Design, Construction & Compliance
Office of Facilities & Property Management
dcc@ks.gov

Stephen Fenske
Design, Construction and Compliance
Inspection Compliance Manager
stephen.fenske@ks.gov

DCC TO COMPLETE THIS SECTION.	
<input type="checkbox"/>	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
<input type="checkbox"/>	Final Inspection cannot be scheduled. Provide the following:
DCC Comments:	

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