

Office of Facilities & Property Management  
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John L. Yeary, Acting Secretary  
Frank Burnam, Director

Laura Kelly, Governor

Form150  
June 2019

**State of Kansas - Certificate of Occupancy**  
Department of Administration, OFPM-DCC

is hereby issued for this date Click or tap to enter a date

Agency: \_\_\_\_\_

Agency/Building number: \_\_\_\_\_

Name of building/location: \_\_\_\_\_

Agency Point of Contact: \_\_\_\_\_

Description of construction and square footages: (i.e. new construction/renovation/addition)

The areas of the building listed above have been inspected for compliance with the codes listed for the occupancy and the use for which the project is classified.

Reference the approved code footprint signed by OSFM on Click or tap to enter a date. for applicable codes, and active/passive life safety requirements for this project.

*Your Name Here*

Construction & Compliance  
Date of issuance Enter Date.

This certificate of occupancy may be suspended or revoked wherever the certificate is issued in error, or on the basis of incorrect information supplied, or where it is determined that the building or structure or portion thereof is in violation of any ordinance or regulation or any of the provisions of the code listed. The suspension or revocation shall be in writing by the Department of Administration.

Agency-Building No.:		Agency and Facility Name:	
Description	Signature of OSFM / DCC Representative (items not applicable to this project noted as NA)		Date Accepted
1. Code Footprint	For:		
2. Fire Alarm Plans / Shop Drawings	For:		
3. Automatic Sprinkler Plans / Shop Drawings	For:		
4. Fire Alarm System installed and tested per NFPA.	For:		
5. Automatic sprinkler system installed and tested per NFPA.	For:		
6. Emergency Lights tested.	For:		
7. Back-up Power (generator, invertor, battery, etc) tested.	For:		
8. Fire Pump tested per NFPA.	For:		
9. Standpipes tested per NFPA.	For:		
10. Exit Paths verified to public way. (Includes exit sign verification and testing.)	For:		
11. Elevator tested.	For:		
12. Accessibility.	For:		