McHENRY COUNTY ROE 44 APPLICATION FOR OCCUPANCY/COMPLETION

DISTRICT NAME AND NUMBER	☐ GENERAL CERTIFICATE OF OCCUPANCY
FACILITY NAME	☐ CERTIFICATE OF PARTIAL OCCUPANCY
FACILITY LOCATION	☐ CERTIFICATE FOR A VEHICULAR FACILITY ☐ CERTIFICATE OF TEMPORARY OCCUPANCY ☐ CERTIFICATE OF PROJECT COMPLETION
☐ Property is owned by the district. ☐ Property is not owned by district (Attach Owner Authorization)	**PROJECT NUMBER:** _____ ☐ New Use ☐ New Construction ☐ Addition ☐ Renovation/Repair

III. ARCHITECT/ENGINEER'S STATEMENT OF COMPLIANCE/COMPLETION

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. CONFIRMATION OF CALLED and / or SPECIAL INSPECTION RECORDS has been submitted to, and CALLED and / or SPECIAL 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. CONFIRMATION OF CALLED and / or SPECIAL INSPECTION RECORDS has been submitted to, and CALLED and / or SPECIAL 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 Architect/Engineer 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 or certification 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*

REGIONAL SUPERINTENDENT CERTIFICATION

The facility was surveyed by me or my designee on _____ and was found to comply with the requirements specified in the Health/Life Safety Code for Public Schools for such a facility.

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