APPLICATION FOR OCCUPANCY

DISTRICT NAME AND NUMBER
Richland County CUSD 1

FACILITY NAME
Rise Up

FACILITY LOCATION
504 W Main St, Olney, IL 62450

- ☐ GENERAL CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF PARTIAL OCCUPANCY
- ☐ CERTIFICATE FOR A VEHICULAR FACILITY
- ■ CERTIFICATE OF TEMPORARY OCCUPANCY

- ☑ Property is owned by the district.
- ☐ Property is not owned by district (Attach Owner Authorization)

- ☐ Amendment # _____
- ☐ New Use - Bldg Permit # _____
- ☐ New Construction - Project # _____ Bldg Permit # _____
- ☐ Addition - Project # _____ Bldg Permit # _____
- ☐ Renovation/Repair - Project # _____ Bldg Permit # _____

III. DESIGN PROFESSIONAL'S CERTIFICATION

To the best of my knowledge and belief (check and complete applicable statement):

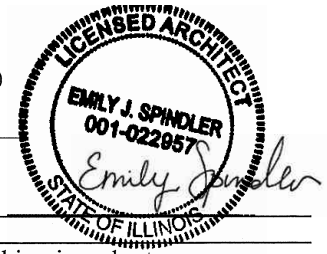
☐ 1. Based upon my survey of the above named facility on ___/___/___ I find and hereby certify that the facility is in full compliance with Part 180. The INSPECTION STATEMENTS and the CONFIRMATION OF CALLED INSPECTION RECORDS have been submitted to, and the CALLED INSPECTIONS RECORDS have been reviewed 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 7/10/26 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.

7/10/26	Emily Spindler	FGM Architects	(Seal & Signature)
Date	Design Professional Name	Firm Name	
001-022957		314-439-1601	11/30/26
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

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

TEMPORARY FACILITY REPORT - Part I

Temporary Facility Elimination Plan

The Board of Education for Richland County CUSD #1
District Name and Number

in Richland 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

Rise Up located at 504 W Main St, Olney, IL 62450
Name of School Building *Address of School Building*

until June 30, 2027 .

This temporary facility will be used for:

- [x] Classrooms
- [ ] Storage
- [ ] Library
- [ ] Gymnasium
- [ ] Auditorium
- [ ] Other_____.

This temporary facility will be:

- [ ] Relocatables
- [x] Temporary rooms in: 504 W. Main St. .
  Name of Location (rental of churches, etc)

Number of units, rooms or buildings to be used: 4 rooms .

Number of pupils to be housed in temporary housing: 49 max .

The Board of Education has diligently attempted to eliminate the need for this temporary facility by:
The District continually looks for opportunities to permanently relocate programs housed in this space.

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?
Lock all accessible electrical panels to prevent unauthorized access.

This plan will be accomplished by 8/1/2026.
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*

(3/09) Form 36-26 (Prescribed by the Regional Superintendent for local board use) 180.230 c)

TEMPORARY FACILITY REPORT - Part II

Temporary Facility Checklist

District Name/Number			Building Name		
Richland County CUSD #1			Rise Up		
Number of Units	Year Originally Constructed	Area Square Feet	Enrollment	Grade Level	Number of years in use
1	**Renovated in 2025**	2300	30	6-12	1

COMPLIANCE			CHECK FOR THE FOLLOWING CONDITIONS
YES	NO	NA	
☐	☐	☑	1. Was the unit constructed according to 77 IL Adm Code Part 880 and the seal of approval from IDPH posted as required?
☐	☐	☑	2. Does the district have on file the compliance certificate from IDPH (pink copy)?
☑	☐	☐	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.
☑	☐	☐	4. Is the building securely anchored to the foundation as to withstand the wind load as described in ASCE 7-95?
☑	☐	☐	5. Are there 2 exits on opposite sides of building?
☐	☐	☑	6. Is there an interconnecting door between classrooms?
☑	☐	☐	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)
☑	☐	☐	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?
☑	☐	☐	9. Is the enclosure between the floor and ground in good condition? (Tight to prevent entrance of weather, animals and insects)
☐	☐	☑	10. Are the steel floor support members in good rust-free condition?
☑	☐	☐	11. Is the general exterior appearance of the building in an acceptable, well-maintained condition free of loose strips or battens?
☑	☐	☐	12. Is the roof and flashing in good condition?
☐	☐	☑	14. Are stair tread and ramps maintained with non-slip finish and platforms in good condition?
☑	☐	☐	15. Are the restrooms clean, adequate and in operable condition and properly ventilated?
☑	☐	☐	16. Are the plumbing fixtures properly installed and maintained in working order, free from leaks and defects?
☑	☐	☐	17. Are the lighting fixtures properly maintained, complete with lenses and louvers?
☑	☐	☐	18. Do the doors lock securely without additional locks, bolts or chains?
☑	☐	☐	19. Are doors equipped with panic hardware (If occupancy is over 100 occupants)
☑	☐	☐	20. When building is occupied, are all the doors free from devices or wedges to prevent normal operation?
☑	☐	☐	21. Are screened or barred windows easily opened from inside without keys or tools?
☑	☐	☐	22. Is the exit lighting system used and all exit lights operable when the building is occupied? (rooms/corridors with more than 2 doors)
☑	☐	☐	23. Is the building equipped with an approved operable alarm and detector system?
☑	☐	☐	24. Are utility shut-offs properly and clearly marked?
☑	☐	☐	25. Is all fuel-burning and heating equipment (flues, ducts, pumps, etc.) maintained and in serviceable condition?
☑	☐	☐	26. Is automatic fuel-burning and heating equipment serviced annually by a qualified person?

☑	☐	☐	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?
☑	☐	☐	28. Are all combustible waste materials disposed of daily from classroom and building?
☑	☐	☐	29. Is the insulation material non-combustible and interior finishing flamespread 75 or less?
☑	☐	☐	30. Are non-flammable cleaning materials used?
☑	☐	☐	31. Are storerooms and closets free from waste accumulations and unnecessary materials?
☑	☐	☐	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.)
☑	☐	☐	33. Have fire extinguishers been inspected and so tagged within the past year?
☑	☐	☐	34. Is the temperature control of the heating and/or cooling system adequate?
☑	☐	☐	35. Is the supply of fresh air adequate (classroom, assemblies and toilets) as required?

List all areas of noncompliance:

Lock all accessible electrical panels to prevent unauthorized access.

Fire Extinguishers are scheduled to be inspected again this month.

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)

001-022957 — License Number

11/30/2026 — Expiration Date

Emily Spindler — Name and Signature of Design Professional

FGM Architects — Name of Firm

07/10/2026 — 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

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