

REQUEST FOR INSPECTION – ADULT FAMILY HOME

Applicant must complete section 1, 2, 3 and 4. Application must be complete to be processed.

SECTION 1 – PROPERTY INFORMATION

SITE ADDRESS _____ ASSESSOR TAX/PARCEL # _____

SECTION 2 – APPLICANT INFORMATION

PROPERTY OWNER NAME: _____ DAYTIME PHONE: _____

MAILING ADDRESS: _____

LICENSEE NAME (IF DIFFERENT): _____ DAYTIME PHONE: _____

SECTION 3 – FLOOR PLAN

A complete floor plan must include all sleeping rooms for clients, identified by number (#1, #2, #3 etc.) and all components for exiting, i.e. stairs, ramps, lifts, windows need to be identified. (Drawing to a larger scale or attach sheets as necessary)

SECTION 4 – DISCLAIMER / SIGNATURE BLOCK

I CERTIFY under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and that I am authorized by the owner of the above premises to request inspection for and operate an Adult Family Home at this location. I further certify that I have made application to the Department of Social and Health Services and the jurisdiction for the appropriate license(s) to conduct such business at this address. I further agree to hold harmless the jurisdiction conducting such inspections at my request as to any claim (including costs, expenses, and attorneys' fees incurred in the investigation of such claim), which may be made by any person, including the undersigned, and filed against the jurisdiction, but only where such claim arises out of the reliance of the jurisdiction, including its officers and employees, upon the accuracy of the information supplied to the jurisdiction as a part of this application. Further, I understand the jurisdiction may discover other violations of current code relative to use of this dwelling as a Residence and Adult Home facility, and agree to comply with improvement requirements within the building code as noted during the requested inspection.

NAME / TITLE: _____ DATE: _____

PROPERTY OWNER

APPLICANT

LICENSEE

L.C. OCCUPANCY
Adult Family Homes (6 or fewer Clients)
General Guidelines

Pertinent Code Sections: Section 313, 2003 International Building Code, Washington State Amendments.

Applicability:

1. Owner / Applicant must reside in the home. (Long term care and Residential Dwelling must be as one).
2. Adult Family Homes for 6 or fewer clients, in zoning classified areas of: R2A, R2B, R3A, R3B and permitted as Conditional Uses within CC and MF zones.
3. Facilities requiring licensing by the Washington State Department of Social and Health Services.
4. Initial licensing of new or converted facilities occurring after July 5, 1995, or;
 - the number of clients in an existing facility is being increased, or;
 - clients receiving care are being accepted in a higher evacuation capability level than original licensing allowed, or;
 - the number or location of sleeping rooms in an existing facility are being modified, or;
 - general construction alterations or additions are being made to the facility.

Requirements At Time of Permit Application:

1. An application completed (attached) identifying the project (or change of use) as a Group R, Division 3 / LC (Long Term Care) Adult Family Home.
2. A Floor Plan of the building noting:
 - Distance to property line.
 - Location of sleeping rooms for L.C. clients and means of egress and any components of the means of egress, such as stairways, ramps, etc.
 - Location of sleeping rooms for owner/occupants of the dwelling.
 - Location, height, width, openable area of escape windows for all sleeping rooms.
 - Location and fixture layout of bathrooms.
 - Location of smoke detectors (all detectors throughout dwelling must be interconnected to all sound when a single detector is activated).
 - Location of fire extinguisher(s), minimum rating 10 ABC.
 - Construction separation between U (garage) and R3 / LC occupancy.
 - Extent of remodeling / improvements to be completed.
3. Number of L.C. clients to be cared for.
4. Evacuation capability of clientel.
 - Level I – persons physically and mentally capable of walking or traversing a normal path to safety, including ascent and descent of stairs, and capable of self-preservation, without the physical assistance of another person.

- Level II – persons physically and mentally capable of traversing a normal path to safety with the use of mobility aids, but unable to ascend or descend stairs without the physical assistance of another person.
 - Level III – persons physically or mentally unable to walk or traverse a normal path to safety without the physical assistance of another person.
5. Accessibility in new construction regardless of the number of clients shall comply with accessibility standards for Group R-1 apartment or congregate residences as specified in IBC Chapter 11.

Items to be Verified by Field Inspection:

1. Operable smoke detectors.
2. Escape windows within sleeping rooms.
3. Egress routes in compliance with Level I – II – III Capability.
4. Fire extinguishers, rating and location.
5. Modified 1-hour rated construction between Garage and Dwelling.
6. Sleeping room sizes (80 s.f. / single, or 120 s.f. / double)
7. Natural light / ventilation in sleeping rooms.
8. Bathrooms – 1 w.c., 1 sink, 1 shower or bath tub (all fixtures may need to be accessible)
9. Heating system – capable of maintaining 70° F, in all habitable rooms.
10. Sleeping room Classification – The building department is required to classify the occupants "Evacuation Capability" Level I – III (noted above) based on their ability to respond to an emergency situation and evacuate themselves. Accordingly the building department will classify each sleeping room as either a Type S, NS1 or NS2. These mean:
 - TYPE S – a sleeping room that has as a part of its means of egress, stairs, ramps, elevators or platform lifts.
 - TYPE NS1 – a sleeping room that has one means of egress at grade level or has a ramp complying with WAC 51-40-313.
 - TYPE NS2 – a sleeping room where two means of egress are at grade level or has ramps complying with WAC 51-40-313 are provided.

The classification of the bedrooms – noted on the approved floor plan – will then allow the DSHS licensors to limit the usage of those rooms by the occupants Evacuation Capability. For example: A TYPE S room could be occupied by a person with Evacuation Capability Level I – capable of walking a normal path to safety, including stairs.
11. Locks and Latches – all locks on bedroom and bathroom doors need to be openable from the outside, whether locked or not. This is to allow the caregiver access in the event the occupant falls or has another emergency and can't respond to unlock the door.
12. Other items of concern noted relative to building code.