

RESIDENTIAL CARE FACILITY PRE-INSPECTION APPLICATION FORM

*For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction
Authority Cited: California Fire Code*

Residential care uses may have specific zoning, building and Fire Code requirements. These requirements provide a minimum level of safety for this sensitive type of use. Residential care providers are also urged to contact their respective city agencies, including Planning and Building Departments to obtain all information needed to convert a single family home into a Residential Care (R2) facility.

Contact the California Department of Social Services (DSS), Community Care Licensing Division and complete any required licensing and training. The San Jose office of Community Care Licensing can be reached at (408) 277-1289.

Community Care Licensing will forward a Fire Clearance Request (Form 850) to the local Fire Prevention agency. Fire inspections and clearances will be completed after the information in this application is received and all necessary permits are obtained.

A. Application Information

The following information shall be submitted to the local Fire Prevention office:

Facility Name: _____

Site Address: _____ City _____ CA Zip: _____

Owner/Contact Name: _____

Mail Address: _____ City: _____ Zip: _____

Contact Numbers – Office: () _____ Cell: () _____ Fax: () _____

Signature: _____ Date: _____

B. Other Required Information

- Complete site plan showing all buildings on site, access driveways, setbacks from property lines, and distances between buildings.
- Complete floor plan of the building that shows all rooms, interior and exterior doors, windows, bedrooms, common use areas, attached garages, etc.
- Number and location of client bedrooms. Please specify how many clients are ambulatory vs. non-ambulatory and the location of their respective bedrooms.
- Location of any ramps for all interior and exterior changes in elevation for all exit paths, including slope, handrails, guardrails.
- Information and location of all smoke detectors, fire extinguishers, and fire alarm pull station/bell.

C. Fee

Please submit fees to the local Fire Prevention office as follows, based on how many clients your facility will be licensed by DSS to serve:

25 clients or less (\$50.00)

26 or more clients (\$100.00)

Fire Authority Use Only

Request/Fee Received: _____ by _____

Inspection Date: _____ by _____

Fire Clearance Conditions/Requirements: _____
