



# ADULT FAMILY/GROUP HOME APPLICATION

Fee: \$91.50, plus any building permit fees.

## PERMIT SUBMITTAL REQUIREMENTS:

- \_\_\_ 1) The completed original application forms, making sure that all of the required signatures have been obtained.
- \_\_\_ 2) A check made out to the City of Lakewood for the review fee (due at the time of submittal).
- \_\_\_ 3) Two (2) copies of a site plan drawn to scale depicting the footprint of existing structures, proposed structures, parking areas, property lines, driveway entrances and accessory structures.
- \_\_\_ 4) Two (2) copies of a complete floor plan, depicting all sleeping rooms (identified by number) and all components for exiting, i.e.: stairs, ramps, platform lifts and elevators.

All above items must be submitted at the time of application in order for the application to be accepted as complete. Handouts and application forms may be revised without notice.

### APPLICANT: (mandatory)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Will the applicant be the contact person? YES or NO If other, please specify below:**

Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### PROPERTY OWNER/TENANT: (mandatory)

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_

**PREVIOUS USE OF PROPERTY:** \_\_\_\_\_

**SURROUNDING USES AND/OR BUSINESSES NEXT TO PROPOSED PROJECT SITE:**

\_\_\_\_\_  
\_\_\_\_\_

### WORK DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WILL THE RESIDENCE BE OWNER-OCCUPIED?** \_\_\_\_\_

**PROPOSED # OF RESIDENTS:**\_\_\_\_\_ **PROPOSED # OF EMPLOYEES:** \_\_\_\_\_

**HOW MANY EMPLOYEES WILL LIVE ON-SITE WITH THE RESIDENTS?** \_\_\_\_\_

**HOW MANY OFF-SITE EMPLOYEES WILL BE WORKING AT THIS FACILITY?** \_\_\_\_\_

**PROPOSED HOURS, DAYS, PLACE AND MANNER OF OPERATION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CIRCLE THE DESCRIPTION THAT BEST DESCRIBES YOUR FACILITY:**

**TYPE 1 GROUP HOME:** Publicly or privately operated living accommodations for related or unrelated individuals having handicaps, subject to compliance with all applicable federal, state and/or local licensing requirements. For purposes hereof, "handicap" shall mean a physical or mental impairment which substantially limits one or more of the person's major life activities, a record of having such impairment, or being regarded as having such impairment; however, the term does not include current, illegal use of or an addiction to a controlled substance.

**TYPE 2 GROUP HOME:** Publicly or privately operated living accommodations for related or unrelated individuals such as group homes for children, group homes providing an alternative residential setting for families in crisis and other groups not listed in Type 1, 3 or 4 group home Residential use types; all subject to compliance with applicable federal, state and/or local licensing requirements.

**TYPE 3 GROUP HOME:** Publicly or privately operated living accommodations for juveniles under the jurisdiction of the criminal justice system, including state-licensed group care homes or halfway houses for juveniles which provide residence in lieu of incarceration, and halfway houses providing residence to juveniles needing correction or for juveniles selected to participate in state-operated work release and pre-release programs; provided, that the Community Development Director, in his sole discretion, may classify a group home proposing to serve juveniles convicted of the offenses listed under the Type 4 Group Home Residential use type as a Type 4 Group Home for the purposes of regulation, and any such home shall be sited in accordance with Type 4 Group Home regulations. All are subject to compliance with all applicable federal, state and/or local licensing requirements.

**TYPE 4 GROUP HOME:** Publicly or privately operated living accommodations for adults under the jurisdiction of the criminal justice system or other state agency who have entered a pre- or post-charging diversion program, have been involuntarily committed or are participants in some other form of involuntary residential placement, or have been selected to participate in state-operated work/training release or other similar programs as provided in Chapters 137-56 and -57 WAC. Such groups also involve individuals who have been convicted of a violent crime against a person or a crime against property with a sexual motivation and charged or convicted as sexual or assaultive violent predator. All are subject to compliance with all applicable federal, state and/or local licensing requirements.

**TRAFFIC (VEHICULAR TRIPS TO AND FROM SITE PER DAY) GENERATED BY THE USE, INCLUDING DELIVERIES AND CLIENT-RELATED TRIPS:**

\_\_\_\_\_

**EXISTING # PARKING STALLS:** \_\_\_\_\_ **PROPOSED # PARKING STALLS:** \_\_\_\_\_

**DIMENSIONS OF PARKING AREA:** \_\_\_\_\_

**WILL ANY STRUCTURAL OR DECORATIVE ALTERATIONS BE MADE TO THE BUILDING?**

**IF SO, DESCRIBE:** \_\_\_\_\_

**WILL ANY SIGNAGE BE INSTALLED ON THE PROPERTY? IF SO, DESCRIBE:**

\_\_\_\_\_

**AUTHORIZED AGENT/OWNER SIGNATURE:**

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

\_\_\_\_\_  
**Signature of Authorized Agent/Owner**

\_\_\_\_\_  
**Date**

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**OFFICE USE ONLY:**  
=====

APPLICATION #: \_\_\_\_\_ TAX PARCEL #: \_\_\_\_\_

APPLICATION NAME: \_\_\_\_\_

ZONE: \_\_\_\_\_ USE TYPE: \_\_\_\_\_

DATE APPLICATION RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

DATE APPLICATION COMPLETE: \_\_\_\_\_ COMPLETENESS REVIEW BY: \_\_\_\_\_  
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# ADULT FAMILY HOMES

## **R325.2 Submittal standards**

In addition to those requirements in Section 106.1, the submittal shall identify the project as a Group R, Division 3 Adult Family Home occupancy. A Floor plan shall be submitted identifying the means of egress and the components in the means of egress such as stairs, ramps, platform lifts and elevators. The plans shall indicate the rooms used for clients and the sleeping room classification of each room.

## **R325.3 Sleeping room classification**

Each sleeping room in an adult family home shall be classified as:

1. Type S – where the means of egress contains stairs, elevators or platform lifts.
2. Type NS1 – where one means of egress is at grade level or a ramp constructed in accordance with R311.6 is provided.
3. Type NS2 – where two means of egress are at grade level or ramps constructed in accordance with R311.6 are provided.

# ADULT FAMILY HOMES

## Section R325 of the 2006 International Residential Code

R325.1 General. This section shall apply to all newly constructed adult family homes and all existing single family homes being converted to adult family homes. This section shall not apply to those adult family homes licensed by the State of Washington Department of Social and Health Services prior to July 1, 2001.

R325.2 Submittal standards. In addition to those requirements in Section 106.1, the submittal shall identify the project as a Group R, Division 3 Adult Family Home occupancy. A floor plan shall be submitted identifying the means of egress and the components in the means of egress such as stairs, ramps, platform lifts and elevators. The plans shall indicate the rooms used for clients and the sleeping room classification of each room.

R325.3 Sleeping room classification. Each sleeping room in an adult family home shall be classified as:

1. Type S – where the means of egress contains stairs, elevators or platform lifts.
2. Type NS1 – where one means of egress is at grade level or a ramp constructed in accordance with R311.6 is provided.
3. Type NS2 – where two means of egress are at grade level or ramps constructed in accordance with R311.6 are provided.

R325.4 Types of locking devices. All bedroom and bathroom doors shall be openable from the outside when locked. Every closet shall be readily openable from the inside.

R325.5 Smoke alarm requirements. All adult family homes shall be equipped with smoke alarms installed as required in Section 313. Alarms shall be installed in such a manner so that the fire warning may be audible in all parts of the dwelling upon activation of a single device.

R325.6 Escape windows and doors. Every sleeping room shall be provided with emergency escape and rescue windows as required by Section R310. No alternatives to the sill height such as steps, raised platforms or other devices placed by the openings will be approved as meeting this requirement.

R325.7 Fire apparatus access roads and water supply for fire protection. Adult family homes shall be served by fire apparatus access roads and water supplies meeting the requirements of the local jurisdiction.

**SECTION 5 – INSPECTION CHECKLIST**

Yes No

**Home licensed (or applying for license) on or after July 1, 2001**

**Sleeping Room #1**

S       NS1       NS2

- Bedroom door is operable from the outside when locked
- Closet doors are readily operable from the inside
- Smoke alarm is installed in the bedroom
- Sleeping room window has a minimum net operable area of 5.7 sf. (minimum dimensions 24" high; 20" wide)
- Sleeping room window has a maximum sill height of 44"

**Sleeping Room #2**

S       NS1       NS2

- Bedroom door is operable from the outside when locked
- Closet doors are readily operable from the inside
- Smoke alarm is installed in the bedroom
- Sleeping room window has a minimum net operable area of 5.7 sf. (minimum dimensions 24" high; 20" wide)
- Sleeping room window has a maximum sill height of 44"

**Sleeping Room #3**

S       NS1       NS2

- Bedroom door is operable from the outside when locked
- Closet doors are readily operable from the inside
- Smoke alarm is installed in the bedroom
- Sleeping room window has a minimum net operable area of 5.7 sf. (minimum dimensions 24" high; 20" wide)
- Sleeping room window has a maximum sill height of 44"

**Sleeping Room #4**

S       NS1       NS2

- Bedroom door is operable from the outside when locked
- Closet doors are readily operable from the inside
- Smoke alarm is installed in the bedroom
- Sleeping room window has a minimum net operable area of 5.7 sf. (minimum dimensions 24" high; 20" wide)
- Sleeping room window has a maximum sill height of 44"

**Sleeping Room #5**

S

NS1

NS2

Bedroom door is openable from the outside when locked

Closet doors are readily openable from the inside

Smoke alarm is installed in the bedroom

Sleeping room window has a minimum net openable area of 5.7 sf. (minimum dimensions 24" high; 20" wide)

Sleeping room window has a maximum sill height of 44"

**Sleeping Room #6**

S

NS1

NS2

Bedroom door is openable from the outside when locked

Closet doors are readily openable from the inside

Smoke alarm is installed in the bedroom

Sleeping room window has a minimum net openable area of 5.7 sf. (minimum dimensions 24" high; 20" wide)

Sleeping room window has a maximum sill height of 44"

**General**

Bathroom doors are openable from the outside when locked

Smoke alarms are installed on all levels of the dwelling

All smoke alarms are audible in all parts of the dwelling upon activation of a single device

Access road and water supply approved by Fire Department

PASSED

CORRECTIONS REQUIRED

PERMIT REQUIRED

INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_