



ADULT FAMILY HOME APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mtl.wa.us
www.cityofmlt.com

Permit # _____

Job Site Address _____

Description of Work _____

CONTACT INFORMATION

PROPERTY OWNER

Name _____
Address _____
City _____ State ____ Zip ____
Ph _____ Fax _____
E-mail _____
Contact Name _____
Ph _____ Fax _____
E-mail _____

ADULT HOME PROVIDER / BUSINESS

Name _____
Address _____
City _____ State ____ Zip ____
Ph _____ Fax _____
E-mail _____
State Lic. # _____
City Lic. # _____

Square Footage _____

Filing Requirements:

1. Signed Application
2. Proposed Floor Plan (see attached example)
3. Fee

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Owner / Agent _____ Date _____

Print Owner / Agent _____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Approved By _____ Date _____

Permit Fee \$ _____ Date _____ Receipt Number _____

APPLICATION AND INSPECTION CHECKLIST - Adult Family Home

Code References: 2006 IRC Section R325 (WAC 51-51)

APPLICATION NUMBER: _____

SECTIONS 1, 2, 3, AND 4 MUST BE COMPLETED BY APPLICANT BEFORE INSPECTION WILL BE PROCESSED

SECTION 1 - PROPERTY INFORMATION

SITE ADDRESS: _____ ASSESSOR'S TAX/PARCEL#: _____

SECTION 2 - APPLICANT INFORMATION

PROPERTY OWNER NAME: _____ DAYTIME PHONE: _____

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

SECTION 3 - FLOOR PLAN

APPLICANT MUST DRAW A COMPLETE FLOOR PLAN ON THIS FORM. PLEASE INCLUDE ALL SLEEPING ROOMS (BEDROOMS).
**** ON THIS DRAWING, THE BUILDING INSPECTOR MUST THEN IDENTIFY WHICH ROOM IS SLEEPING ROOM #1, 2, 3, 4, 5, AND 6 AND LABEL ALL COMPONENTS FOR EXITING i.e. STAIRS, RAMPS, PLATFORM LIFTS & ELEVATORS. (USE BACK OF THIS PAPER IF YOU NEED MORE ROOM)**

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 requesting or I am authorized by the owner of the above premises to request inspection for the operation of an Adult Family Home at this location. I further certify that I have made application to the Department of Social and Health Services for an adult family home license and that I have also made application to the applicable jurisdiction for the appropriate license(s) to conduct such business at this location. 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.

NAME/TITLE: _____ DATE: _____

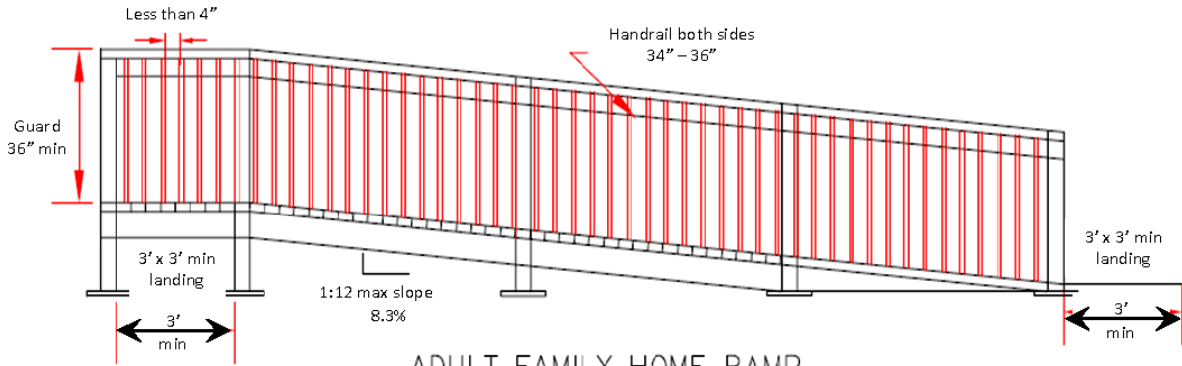
PROPERTY OWNER APPLICANT LICENSEE

8/1/09

USE THIS SPACE IF YOU NEED MORE ROOM TO DRAW A COMPLETE FLOOR PLAN

8/1/09

R311.6 Ramps		
<i>Inside Ramp</i>	If N/A <input checked="" type="checkbox"/> here	YES NO
R311.6.1 Maximum Slope one unit vertical in twelve units horizontal (8.3% slope).		<input type="checkbox"/> <input type="checkbox"/>
R311.6.2 Landing Requirements: min. 3X3 foot landing at top/bottom, where doors open onto ramps, and where ramp changes directions.		<input type="checkbox"/> <input type="checkbox"/>
R311.6.3 Handrails required (on both sides of ramp: per state licensing requirement WAC 388-76-10730).		<input type="checkbox"/> <input type="checkbox"/>
<i>Outside Ramp</i>	If N/A <input checked="" type="checkbox"/> here	YES NO
R311.6.1 Maximum Slope one unit vertical in twelve units horizontal (8.3% slope).		<input type="checkbox"/> <input type="checkbox"/>
R311.6.2 Landing Requirements: min. 3X3 foot landing at top/bottom, where doors open onto ramps, and where ramp changes directions.		<input type="checkbox"/> <input type="checkbox"/>
R311.6.3 Handrails required (on both sides of ramp: per state licensing requirement WAC 388-76-10730)		<input type="checkbox"/> <input type="checkbox"/>
**Guards below are depicted vertically as an example only.		



ADULT FAMILY HOME RAMP
per 2006 IRC with WA. ST. AMENDMENTS
ALL RAMPS REQUIRE A BUILDING PERMIT

R311 Means of Egress	YES NO
R311.4.2 Door Type and Size: Side-hinged not less than 3 feet in width and 6 feet 8 inches in height.	<input type="checkbox"/> <input type="checkbox"/>
R311.4.4 Type of lock or latch: readily openable from the side from which egress is to be made without the use of a key or special knowledge or effort.	<input type="checkbox"/> <input type="checkbox"/>
R311.5 Stairways	If N/A <input checked="" type="checkbox"/> here YES NO
R311.5.3.1 Riser Height: Max riser height shall be <u>7¾ inches</u> (8 inches in structures built prior to July 1, 2004)	<input type="checkbox"/> <input type="checkbox"/>
R311.5.3.2 Tread Depth: Min. tread depth shall be <u>10 inches</u> . (9 inches in structures built prior to July 1, 2004)	<input type="checkbox"/> <input type="checkbox"/>
R311.5.6 Handrails required on both sides of one riser or more (per state licensing requirement WAC 388-76-10730)	<input type="checkbox"/> <input type="checkbox"/>
Grab Bars in Bathrooms	YES NO
WAC 388-76-10730 The AFH must install and securely fasten grab bars (not suction cup style) to meet the needs of residents in:	<input type="checkbox"/> <input type="checkbox"/>
Bathing facilities such as tubs and showers; and	<input type="checkbox"/> <input type="checkbox"/>
On both sides of the toilet (if structurally not feasible use type that affix to toilet seat)	<input type="checkbox"/> <input type="checkbox"/>
AG101 Swimming Pool, Spa, Hot Tub	If N/A <input checked="" type="checkbox"/> here YES NO
AG105 Must be surrounded by a barrier that is 48 inches high, may have doors and or gates that must have audible alarms when opened.	<input type="checkbox"/> <input type="checkbox"/>
AG105.5 EXCEPTION: Spas or hot tubs with a safety cover which complies with ASTM F 1346	<input type="checkbox"/> <input type="checkbox"/>

PASSED

CORRECTIONS REQUIRED

PERMIT REQUIRED

INSPECTOR'S SIGNATURE: _____

DATE: _____

INSPECTOR'S ADDRESS: _____

PHONE: _____

Application and Inspection Checklist developed by Washington Association of Building Officials (WABO), in cooperation with Department of Social and Health Services (DSHS) for use by both departments and licensors.

8/1/09

EXAMPLE FLOOR PLAN

- On your floor plan show size of area, exits, rooms, uses of areas (Scale 1/8" = 1").
- Dimension the length of walls, door widths, etc.
- Label proposed use(s) of each space.
- Calculate and label the square footage of each space (use area).
- Label which floor of the building the space(s) is on. Give Suite and Floor Number.
- If using only a part of a floor level, provide a drawing showing what portion of that floor is being used.

