



The purpose of this form is to determine the appropriate Building Code occupancy use group classification in accordance with Chapter 3 in the International Building Code (IBC) and verify if the proposed home requires a Change of Occupancy and an approved automatic sprinkler system installation in accordance with Phoenix Fire Code (PFC) 903.1.6-903.1.7.

INFORMATION	
Name of Facility:	
Facility Address:	
Owner of Facility:	
On-Site Contact Name:	On-Site Contact Title:
On-Site Contact Phone:	On Site Contact Email:
Total number of occupants receiving care:	
Total number of caregivers:	
Total number of residents:	
What services will be provided at this facility? Please describe:	
<p>Will this facility provide <i>custodial care</i>? YES NO</p> <p>*Custodial Care is defined as assistance with day to day living tasks; such as assistance with cooking, taking medications, bathing, using toilet facilities and other tasks of daily living. Custodial care includes occupants who evacuate at a slower rate and/or who have mental and psychiatric complications.</p>	
Is the facility being licensed by or receiving funding from a government agency? YES NO	
Other agencies may require a specific occupancy group.	
If YES, please explain:	

TO BE COMPLETED BY CITY OF PHOENIX PDD STAFF

Does this proposed facility require a Change of Occupancy to a Group R-4? YES NO

If YES, an approved automatic sprinkler system is required per PFC 903.1.6-903.1.7.

Signature: _____ Date: _____

AMBULATORY CERTIFICATION

I certify that the information I have provided on this form is accurate.

Printed Name: _____ Date: _____

Signature: _____