

Residential Care 6-10 Permit Application

Date: Project N	lame:		
Project Address:	· · · · · · · · · · · · · · · · · · ·		
Bldg. #: Floor:	Suite/Sp	oace#:	Tract#:
Project Square Footage:	Project \	Valuation: \$	
Description of Work: Establishment of a residential care home fo subject to the following requirements: 1. Zoning approval as a group home 2. Issuance of a C of O for a change in 3. A Fire Sprinkler System per Phoeni 4. Fire Alarm Systems and Smoke ala 5. Means of egress illumination per IB 6. Number of exits per IBC 1006	r 6-10 residents, de n use to, or the esta x Fire Code (PFC) 9 rms per PFC 907.2.	pending on zoning blishment of, a ne 903.1	յ, excluding care providers
Owner/Rusiness Name:			
Owner/Business Name:Address:			
Contact Person:			Fax:
Contractor Information:			
Business Name:			
Address:			te: Zip Code:
Contact Person:			Fax:
Local Business (Phoenix PLT) #: State Tax #:			- OC):
Applicant Signature:			
Check One: Owner Contracto			
X:			
Address:			
Company Name:	Phone	»:	Fax:
	Staff Use Or	ıly	Initials:
Permit Type: RSME Permit #: T		Permit Name: A	DULT CARE 6-10
Project Number:	CITA Yes I	No C of O	☐ Yes ☐ No
Census: Qtr. Sec:	Co	ouncil Dist.:	Zoning:
Units: 0 Occupancy: I: R-4 Construct	ion Type: I: VB So	cope Code: 6-10	Structure Class:
Review Fee Code: Fee:	Permit		Fee: Total [:]

An applicant may receive a clarification from the city of its interpretation or application of a statute, ordinance, code or authorized substantive policy statement. To request clarification or to obtain further information on the application process and applicable review time frames, please call 602-262-7811, TTY use 7-1-1 or visit our website at https://www.phoenix.gov/pdd/licensing-time-frames.