



Date: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Bldg. #: \_\_\_\_\_ Floor: \_\_\_\_\_ Suite/Space#: \_\_\_\_\_ Tract#: \_\_\_\_\_

Project Square Footage: \_\_\_\_\_ Project Valuation: \$ \_\_\_\_\_

**Description of Work:**

Establishment of a residential care home for 6-10 residents, depending on zoning, excluding care providers subject to the following requirements:

1. Zoning approval as a group home
2. Issuance of a C of O for a change in use to, or the establishment of, a newly constructed, R-4 occupancy
3. A fire sprinkler system per Phoenix Fire Code Section 903.2: Fire Dept. Log #: \_\_\_\_\_
4. Fire Alarm Systems and Smoke alarms per Phoenix Fire Code Section 907.2.10.
5. Means of egress illumination per Phoenix Fire Code Section 1006
6. Number of exits per Phoenix Fire Code, table 1021.2(2)

**Owner Information:**

Owner/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor Information:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Local Business (Phoenix PLT) #: \_\_\_\_\_

State Tax #: \_\_\_\_\_ State License Class and Number (ROC): \_\_\_\_\_

**Applicant Signature:**

Check One:  Owner  Contractor  Other \_\_\_\_\_

**X:** \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

----- **Staff Use Only** ----- Initials: \_\_\_\_\_

Permit Type: **RSME** Permit #: **T** \_\_\_\_\_ Permit Name: **ADULT CARE 6-10**

Project Number: \_\_\_\_\_ CITA  Yes  No C of O  Yes  No

Census: \_\_\_\_\_ Qtr. Sec: \_\_\_\_\_ Council Dist.: \_\_\_\_\_ Zoning: \_\_\_\_\_

Units: **0** Occupancy: **I: R-4** Construction Type: **I: VB** Scope Code: **6-10** Structure Class: \_\_\_\_\_

Review Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit Fee Code: \_\_\_\_\_ 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>.