



ADULT FAMILY HOME APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.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: 2003 IBC 310 (WAC 51-50) and 2003 IRC 110 (WAC 51-51)

APPLICATION NUMBER: _____

Applicant must complete sections 1, 2, 3, and 4. Application must be complete to 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

A complete floor plan must include all sleeping rooms, identified by number (#1, #2, #3 etc.) and all components for exiting, i.e. stairs, ramps, platform lifts and elevators. (Attach additional sheets if necessary)

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 am in the process of making an 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

SECTION 5 - INSPECTION CHECKLIST

Note: Checklist to be completed by building department in the jurisdiction home will be located.

	YES	NO
Home licensed (or applying for license) on or after July 1, 2001	<input type="checkbox"/>	<input type="checkbox"/>
<u>SLEEPING ROOMS</u>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Room #1 <input type="checkbox"/> S <input type="checkbox"/> NS1 <input type="checkbox"/> NS2		
Bedroom door is openable from the outside when locked	<input type="checkbox"/>	<input type="checkbox"/>
Closet doors are readily openable from the inside	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm is installed in the bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a minimum net openable area of 5.7 sf. (minimum dimensions- 24" high; 20" wide)	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a maximum sill height of 44"	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Room #2 <input type="checkbox"/> S <input type="checkbox"/> NS1 <input type="checkbox"/> NS2		
Bedroom door is openable from the outside when locked	<input type="checkbox"/>	<input type="checkbox"/>
Closet doors are readily openable from the inside	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm is installed in the bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a minimum net openable area of 5.7 sf. (minimum dimensions- 24" high; 20" wide)	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a maximum sill height of 44"	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Room #3 <input type="checkbox"/> S <input type="checkbox"/> NS1 <input type="checkbox"/> NS2		
Bedroom door is openable from the outside when locked	<input type="checkbox"/>	<input type="checkbox"/>
Closet doors are readily openable from the inside	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm is installed in the bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a minimum net openable area of 5.7 sf. (minimum dimensions- 24" high; 20" wide)	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a maximum sill height of 44"	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Room #4 <input type="checkbox"/> S <input type="checkbox"/> NS1 <input type="checkbox"/> NS2		
Bedroom door is openable from the outside when locked	<input type="checkbox"/>	<input type="checkbox"/>
Closet doors are readily openable from the inside	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm is installed in the bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a minimum net openable area of 5.7 sf. (minimum dimensions- 24" high; 20" wide)	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a maximum sill height of 44"	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Room #5 <input type="checkbox"/> S <input type="checkbox"/> NS1 <input type="checkbox"/> NS2		
Bedroom door is openable from the outside when locked	<input type="checkbox"/>	<input type="checkbox"/>
Closet doors are readily openable from the inside	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm is installed in the bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a minimum net openable area of 5.7 sf. (minimum dimensions- 24" high; 20" wide)	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a maximum sill height of 44"	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Room #6 <input type="checkbox"/> S <input type="checkbox"/> NS1 <input type="checkbox"/> NS2		
Bedroom door is openable from the outside when locked	<input type="checkbox"/>	<input type="checkbox"/>
Closet doors are readily openable from the inside	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm is installed in the bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a minimum net openable area of 5.7 sf. (minimum dimensions- 24" high; 20" wide)	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping room window has a maximum sill height of 44"	<input type="checkbox"/>	<input type="checkbox"/>
<u>GENERAL</u>		
Bathroom doors are openable from the outside when locked	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms are installed on all levels of the dwelling	<input type="checkbox"/>	<input type="checkbox"/>
All smoke alarms are audible in all parts of the dwelling upon activation of a single device	<input type="checkbox"/>	<input type="checkbox"/>
Access road and water supply approved by Fire Department	<input type="checkbox"/>	<input type="checkbox"/>

PASSED **CORRECTIONS REQUIRED** **PERMIT REQUIRED**

INSPECTOR: _____ **DATE:** _____

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.