



# Development Services Department

320 E Jefferson Blvd, Dallas TX 75203  
(214) 948-4480

## Attachment to a Certificate of Occupancy Application for the Building Code Use: "Ambulatory Care Facility"

The 2021 Edition of the International Building Code provides a definition for the use "Ambulatory Care Facility" as follows:

**AMBULATORY CARE FACILITY.** Buildings or portions thereof used to provide medical, surgical, psychiatric, nursing, or similar care on a less than 24-hour basis to individuals who are rendered *incapable of self-preservation*. This group may include but is not limited to the following: colonic centers, dialysis centers, psychiatric centers, sedation dentistry, surgery centers. Please refer to the life safety requirements for an "Ambulatory Care Facility" on the attached page (Section 422). An applicant for a Certificate of Occupancy must execute this form attesting to any new or pre-existing conditions pertaining to the business model with any CO application for any doctor's office, dentist office, medical office, or other similar office. The code requirements are prospective for any new "Ambulatory Care Facility" or for any newly expanded "Ambulatory Care Facility." The code requirements do not affect legal existing businesses that may require a new CO. This form will capture the nonconforming elements of the building code with the CO application (use must have been continuous). The existing statements will become conditions on any issued CO. Any change in the character of the use of the business, such as a change in the number of persons/patients affected by treatment that may cause the building code requirements to be triggered, require a new CO and compliance with building code requirements.

**Please make the appropriate check mark for both tenant space location and number of persons or Not Applicable.**

### FACILITIES CLASSIFIED AS AN AMBULATORY CARE FACILITY LOCATED ON GROUND FLOOR.

If your tenant space is located on the ground floor and you are an "Ambulatory Care Facility" as defined that will utilize medical procedures that (*check only one*):

- Will render a maximum number of persons or patients that may be incapable of self-preservation for any amount of time **not to exceed 3**; or,
- Will render persons or patients incapable of self-preservation for any amount of time and the number of persons or patients that may be incapable of self-preservation for any amount of time **will exceed 3**.

### FACILITIES CLASSIFIED AS AN AMBULATORY CARE FACILITY NOT LOCATED ON GROUND FLOOR

If your tenant space is **not** located on the ground floor and you are an "Ambulatory Care Facility" as defined that will utilize medical procedures that (*check only one*):

- Will render **no** patients incapable of self-preservation for any amount of time, or
- Will render **one** or more patients incapable of self-preservation for any amount of time

### NOT APPLICABLE OR FACILITIES NOT CLASSIFIED AS AN AMBULATORY CARE FACILITY

If you are not an "Ambulatory Care Facility" as defined that will utilize medical procedures:

- I will **not** render any person or patient incapable of self-preservation for any amount of time.

I certify that the location of the CO application is: \_\_\_\_\_ Suite \_\_\_\_\_ (*address*) and the initial

establishment of this use occurred under C.O. number \_\_\_\_\_. I attest that the answers provided are accurate and understand that if changes are made to increase the number of patients that could be rendered incapable of self-preservation the facility must be made to comply with the currently adopted code.

### ACKNOWLEDGEMENT

\_\_\_\_\_  
Printed Name of Tenant/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant/Owner