Attachment to a Permit Application Involving a Custodial (Residential or Assisted Living) Care Facility

The 2015 Edition of the International Building Code provides a definition for the Use *"Custodial Care"* as follows:

CUSTODIAL CARE. Assistance with day-to-day living tasks, such as assistance with cooking, taking medication, 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. This type of care may include but not necessarily be limited to the following: Care facilities centers and Assisted Living Facilities. The code also outlines new life safety requirements for an *"Custodial Care Facility"* as indicated on the attached page (Section 420). A permit is required to convert a Dwelling to Custodial Care Facility. This change in use may trigger a fire sprinkler requirement and other life safety requirements.
An applicant for a permit to convert a Dwelling to a Custodial Care Facility must execute this form attesting to any new or pre-existing conditions and facts pertaining to the business model with any conversion permit application. The code requirements are prospective for any new *"Custodial Care Facility"* or for any newly expanded *"Custodial Care Facility."* Any change in the character of the use of the business, such as a change in the number of persons/residents or the capabilities of persons/residents may cause the building code requirements to be triggered, require a new permit and compliance with building and fire code requirements.

Please make the appropriate check mark for both the number of residents and the ability of the residents to respond to an emergency (*check only one under each heading*). If your space is an "Custodial Care Facility" and your DADS application lists the residents to be housed as follows: NUMBER OF RESIDENTS RECEIVING CARE

☐ will house a maximum number of residents **not to exceed 5**; or,
☐ will house **at least 6** residents for any amount of time but **will not exceed 16.**
☐ will house **at least 17 or more** residents for any amount of time**.**
    EXITING CAPABILITY OF RESIDENTS RECEIVING CARE
☐ at least **one** of the residents will be incapable of responding individually to an emergency
☐ **all** the residents can respond individually and without assistance to an emergency

I certify that the location of the BU application is _____ Suite _____
(address) and the initial establishment of this use occurred under BU permit number
_____. I attest that the answers provided are accurate and understand that if changes are made to increase the number of patients and/or those 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 _____

Together we are building a safe and united Dallas!