GROUP “R-4/R-3” OCCUPANCY
RESIDENTIAL CARE/ASSISTED LIVING FACILITIES
(3 TO 16 OCCUPANTS, EXCLUDING STAFF)

This form is to be used for the review of residential care/assisted living facilities designed to accommodate more than two, but not more than sixteen (16) persons, excluding staff.

Residential Care/Assisted Living facility: A building or part thereof housing a maximum of 16 persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment which provides personal care services. **Occupants are capable of responding to an emergency situation without physical assistance from staff. Where occupants cannot meet the fire evacuation drill requirements, additional building protection is required.**

Personal Care Service: The care of residents who do not require chronic or convalescent medical or nursing care.

Return the attached application with a check for $150.00 for occupancy changes payable to the “State of Alaska”, and submit all the required elements listed on the following page. Remodels and new construction will be a calculated Fee.

The fire alarm and automatic fire sprinkler system reviews may require additional fees.

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PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Facility: _____________________________________________________________

Address of Facility: __________________________________________________________

Owner Name:  ________________________________________________________________

Mailing Address: _____________________________________________________________

Email Address: _______________________________________________________________

Telephone Number: (______) _______________ Fax Number: (_____)____________________

Physical Address of Facility: ___________________________________________________
All of the following information is required to be submitted to this office in order to perform the necessary plan review and approvals:

1. Interior and exterior photos of the facility
   • Including kitchen cooking area, typical bedroom and egress window, living and dining areas, stairways and landing.

2. Floor plan of facility (to scale)
   • Emergency escape windows from each sleeping room or area, indicating size of the window and size of the openable area, and height above finished floor.
   • Doors (show size and swing)
   • Placement of portable fire extinguishers
   • Label each room as to use (living room, bedroom #1, etc.)
   • Stairs (interior and exterior) rise and run, stair width, handrails including height of rails and grasp ability dimension, landings, and guards.
   • At least two exits separate and remote from each other. • Cooking stove hood vented to the outside, or UL listed re-circulating.

3. An automatic fire sprinkler system – (Required in all assisted living occupancies except R-3, 3-5)
   • Provide plans designed and prepared by a person or company licensed and permitted by the State of Alaska. (In accordance with NFPA 13, 13D or 13R, as applicable.)
   • After receiving a sprinkler plan review approval by this office, the installation must be performed by a technician licensed and permitted by the State of Alaska.

4. A fire alarm system
   • Provide plans designed and prepared by a person or company licensed and permitted by the State of Alaska.
   • After receiving a fire alarm system plan review approval by this office, the installation must be performed by a technician licensed and permitted by the State of Alaska.

5. Evacuation plan / fire drills and drill log
   • Written plan submitted • Plan based on evacuation capability (prompt, slow, impractical)
   • Performed six times a year, two of those conducted at night
   • Drill log noting time of day, time taken to reach a point of safety, escape routes, simulated fire origin, and comments
   • Available for review by fire official or other approved licensing official.

6. Portable fire extinguishers
   • Minimum U.L. classification 2-A:10-B:C
   • Mounting height must be mounted on the wall with the bottom not less than 4 inches off the floor and the top not more than 5 feet above the floor

7. Plot plan
   • Show facility with dimensions to lot lines and/or other buildings on the same property.

If additional information is required, a Fire Marshal will contact you.