



State Regulated Care Facility Questionnaire

Department of Planning & Development Review, Bureau of Permits and Inspections
900 East Broad Street, Room 108
Richmond, Virginia 23219
Office: (804) 646-4169

<https://www.rva.gov/planning-development-review/permits-and-inspections>

Please complete this form and upload it to your project attachments in the Online Permit Portal.

Plan Number: _____ Date: _____

Property Address: _____ City: Richmond State: Virginia Zip Code: _____

Entity Name (as appears on licensing documents): _____

Entity Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Please respond to the following questions:

Are you required to/will you be obtaining a state license for this use? Yes No

Licensing Agency and Type of Care Facility (Please check applicable boxes):

Department of Social Services

Assisted Living Facility Other (specify type of facility): _____

Department of Behavioral Health and Developmental Services

Provide the Program Service ID _____

Group Home Crisis Stabilization Unit 23-Hour Observation/CRC
Community Stabilization Other (specify type of facility): _____

Department of Education

Home-based child care Other (specify type of facility): _____

Department of Health

Hospice facility Other (specify type of facility): _____

How many occupants are proposed? _____

Are all occupants able to extract themselves from the building in cases of emergency? Yes No

If not, how many will require physical assistance from one or more staff? _____

What is the expected length of stay for occupants? _____

Will there be one or more on-site staff (nurse, security, etc.) to care for/monitor occupants? Yes No

Is a separate sleeping room provided for staff use only? Yes No

Do all exits discharge directly to grade level (no stairs)? Yes No

How many exits are provided? _____

Is the building protected by an automatic fire sprinkler system? Yes No

Will your facility provide any type of locked seclusion room? Yes No

Home-based child care only:

of children under the age of two
receiving care (Inclusive of caregivers'
own children) _____

of children under the age of 13
receiving care (Exclusive of caregivers'
own children) _____

Applicant Name: _____ Applicant Signature: _____ Date: _____

http://codes.iccsafe.org/content/VACC2021P1/chapter-3-use-and-occupancy-classification#VACC2021P1_Ch03_Sec313