



# Group Home for the Handicapped Registration Form

**Development Services  
Department**  
90 E. Civic Center Dr.  
Gilbert, AZ 85296  
(480) 503-6700-Phone  
(480) 497-4923-Fax  
[www.gilbertaz.gov](http://www.gilbertaz.gov)

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Facility Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Max. No. of Residents: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

Licensing Agency:  ADHS  ADES  Other Type of License \_\_\_\_\_

**Property Owner:** Letter of Authorization from property owner included? Yes \_\_\_\_\_ No \_\_\_\_\_

Name (print): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant/Contact:**

Name (print): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Narrative:** (describing type of care, supervision, or counseling provided)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current fees (non-refundable)

## TOWN OF GILBERT USE ONLY

Zoning of Site: \_\_\_\_\_ Address of Nearest Group Home: \_\_\_\_\_

Location Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Submittal Date: \_\_\_\_\_ Eden Permit #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Requirements Form Printed: \_\_\_\_\_



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## **GROUP HOME FOR THE HANDICAPPED** **SUBMITTAL REQUIREMENTS**

***Town of Gilbert submittal requirements***

*(Incomplete submittals will not be accepted)*

Once your Group Home for the Handicapped Registration Form has been submitted and the Application Fee of \$120.00 paid, the following applications and supporting documents will be required to be submitted within 90 calendar days. If documents are not returned within 90 calendar days, your registration for group home application will automatically be cancelled. No refunds will be issued.

**PLEASE NOTE:** All required documents listed below must be turned in together as a complete package.

### SUBMITTAL REQUIREMENTS:

1. \* Floor plan (can be hand drawn) showing that the occupancy requirements will be met dependent upon occupancy class of R3 or R4 (see attached example)
  - \* Plot plan that includes:
    - o Locations of all existing and proposed structures
    - o Total square footage under the roof of all structures including livable space, garage, patio covers and all easements
2. \* A completed [Fire Plan Review Application](#) with fire sprinkler construction plans.  
**An additional fee will apply upon approval**
3. \* **FOR R-4, 6-10 RESIDENTS ONLY\*** - Fire Alarm plans for offsite Fire Sprinkler Monitoring Systems

**PLEASE NOTE:** A 1" water-meter is required for all group homes.

### ATTACHMENTS (for reference only):

- Occupancy Requirements
- Sample Floor Plan



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### Occupancy Requirements

Note: R-3 occupancy 5 or fewer residents, R-4 occupancy 6-10 residents, excluding staff.

**R-3** One exit access door, side hinged, swinging not less than 3 feet in width and 6 feet, 8 inches in height (sliding doors do not comply). IBC 1008.1.1 and 1008.1.2

**R-4** Fire sprinklers system shall be monitored offsite by an approved listed central monitoring station

**R-4** The means of egress (hallways, doors, entry/exit), including the exit discharge, shall be illuminated at all times the building is occupied. A 90 minute emergency power supply shall be provided in the event of power failure (emergency exit lighting). IBC 421.4.2.3 and 1006

**R-4** Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress level. IBC Section 1011.1

**R-4** Two exit access doors, side hinged, swinging not less than 3 feet in width and 6 feet, 8 inches in height (sliding doors do not comply). IBC 421.4.2.1, 1008.1.1 and 1008.1.2

**R-4** Maximum travel distance from center point of any sleeping room to an exit shall not exceed 75 feet. IBC 421.4.2.2 amended

**R-4** Where two exit doors are required, the doors shall be placed a distance apart not less than 1/2 the length of the maximum diagonal dimension of the building. IBC 1015.2.1

**R-4** General building areas and type of construction shall comply with IBC 421.2. Amended

**R-3 & 4** Thresholds at doorways shall not exceed 0.5 inches in height. IBC 1008.1.6

**R-3 & 4** No portable equipment is permitted

**R-3 & 4** International 4"X4" NO SMOKING symbol is required to be posted at all entrances

**R-3 & 4** Where special egress control devices are installed on exit doors an automatic smoke detection system (fire alarm) shall be installed throughout the building. IBC 421.4.2.6

**R-3 & 4** A minimum of 1 per 3,000 sq. ft, maximum 75 feet travel distance, 2A10BC fire extinguisher(s) at a location specified by the Fire Inspector. IFC 906

**R-3 & 4** Residential fire sprinkler system NFPA 13-D modified. All areas require coverage including attics, bathrooms, garages, patios, entries and pantries and closets more than 2 feet deep

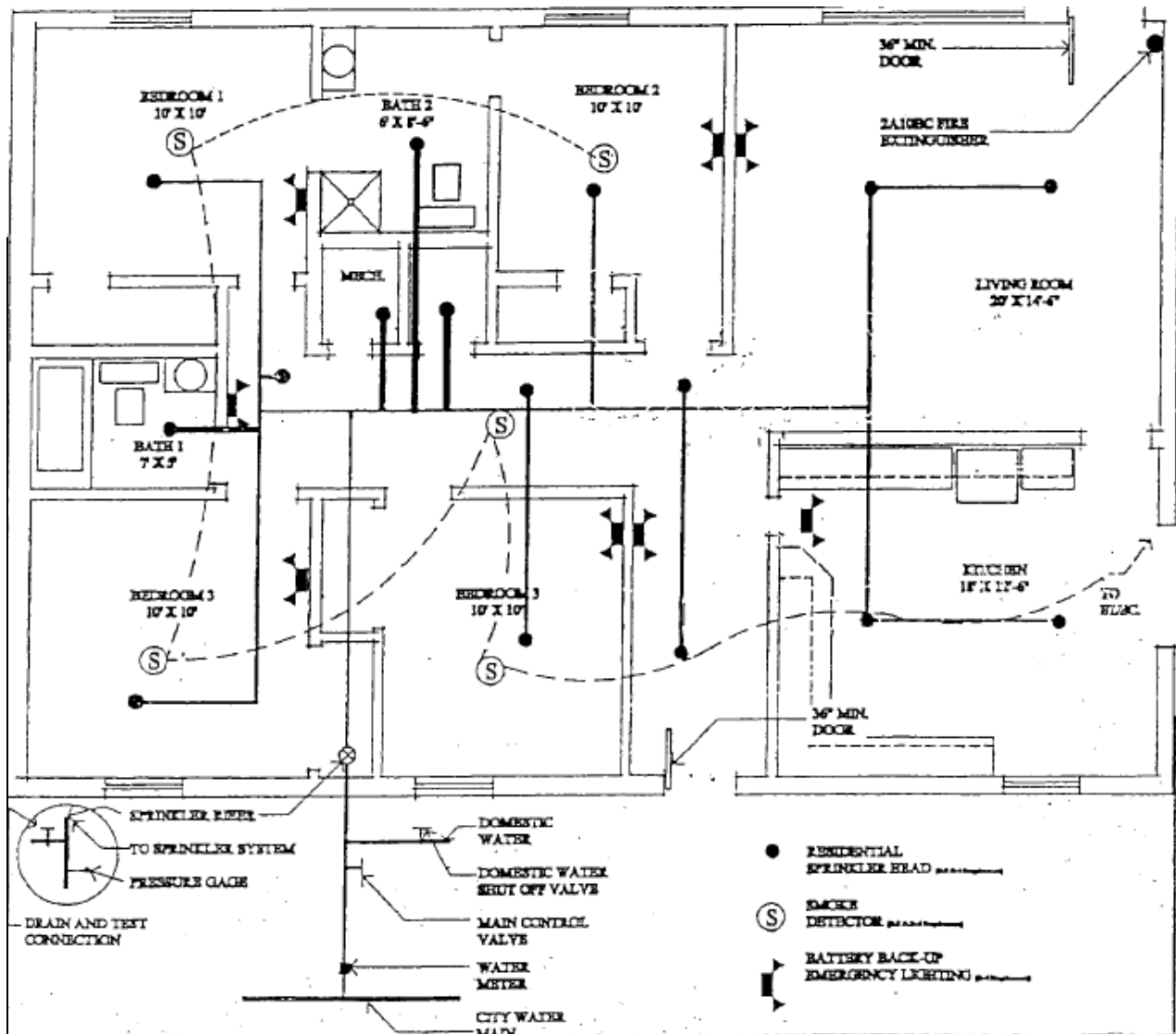
**R-3 & 4** Single or multiple station smoke alarms shall be installed in all habitable rooms and hallways. Smoke alarms shall be hard wired with battery backup and interconnected. IBC 421.5.1 amended, IBC 907 amended and IFC 907.2910.1.3

**R-3 & 4** Provide at least one emergency escape and rescue opening for all sleeping rooms with minimum net clear opening 5.7 sq ft (5.0 sq ft for grade floor openings), minimum openings width of 20", minimum opening height of 24" and a finished sill height of not more than 44" above the floor. IBC 419.4.2.4 and 1026.2/1026.2.1/1026.3

NOTE: Additional requirements may be necessary on the property selected for this use on a case by case basis. Please contact Development Services for additional information

**FLOOR PLAN**

Group **R**, Division 3 & 4 Occupancies shall be residential group care facilities for ambulatory, non-restrained persons who may have a mental or physical impairment and Adult Care Home (each accommodating more than five (5) and not more than ten (10) clients or residents, excluding staff).



\*SAMPLE ONLY\*