



# Planning and Development Department Commercial Foster Care Permit Application

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Project Address \_\_\_\_\_ City \_\_\_\_\_ NC ZIP \_\_\_\_\_

Subdivision or Project Name \_\_\_\_\_ Lot Number \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Contact preference: Phone Fax Email

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Additional Site Instructions \_\_\_\_\_

Description of Work \_\_\_\_\_

Proposed Use \_\_\_\_\_

### PLANNING DEPARTMENT APPROVAL

State Agency Directed: Yes No  
Local DSS Document: Yes No Payment by Journal Entry: Yes No  
Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Number of Stories \_\_\_\_\_

### FIRE INSPECTION INFORMATION

Population Age Range \_\_\_\_\_ Capacity Allowed \_\_\_\_\_  
Able to Evacuate: Yes No  
Fire Sprinkler System: Yes No

#### Home must have a minimum of the following:

1. (1) 2A-10BC Fire Extinguisher for each floor level\*
2. Evacuation plans posted on each floor level.
3. Address Numbers posted and visible
4. Meet other requirements of State Form DSS 1515 – Revision 04/14

\*Fire extinguishers need to be mounted in place and in an accessible location.

### APPLICANT STATEMENT

I hereby certify that all information in this application is correct and all work will comply with the State Building code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_