



# 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: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_ **Richmond** **Virginia** \_\_\_\_\_

Entity Name (as appears on licensing documents): \_\_\_\_\_

Entity Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Floor plans included, showing the interior layout of the facility with each room's function labeled.

## Please respond to the following questions:

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

If a license will be obtained, what is the licensing authority for the proposed use?

What is the classification of the facility? Group Home Assisted Living Hospice Family Day Home  
Crisis Stabilization Unit 23-Hour Observation/CRC Community Stabilization Non-Residential

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? \_\_\_\_\_

Will occupants be staying overnight? Yes No

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 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

## Family Day Homes only:

# of children under the age of two receiving care (Inclusive of caregiver's own children): \_\_\_\_\_

# of children under the age of 13 receiving care (exclusive of caregiver's own children): \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_

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

[http://codes.iccsafe.org/content/VACC2021P1/chapter-3-use-and-occupancy-classification#VACC2021P1\\_Ch03\\_Sec313](http://codes.iccsafe.org/content/VACC2021P1/chapter-3-use-and-occupancy-classification#VACC2021P1_Ch03_Sec313)