CITY OF GLENDALE
RESIDENTIAL GROUP CARE FACILITY
REQUIREMENTS FOR CHANGE OF OCCUPANCY

1. A change of occupancy from a residential single family dwelling to a residential group care facility involves plan submittal, plan review and approval, issuance of a permit and inspections.

2. Plans should be submitted to the Building Safety and Fire Departments for review according to the following procedures:

PLAN SUBMITTAL REQUIREMENTS FOR R-4 OCCUPANCY
The following list provides general requirements that may be helpful in obtaining a permit. This list contains most requirements, but it is not all-inclusive. It is still the responsibility of the applicant to ensure compliance with all codes and amendments.

GENERAL REQUIREMENTS:

1. Provide four (4) sets of complete plans, 24 x 36 inches. No loose sheets shall be attached with the exception of structural or fire sprinkler calculations and manufacturers cut sheets and literature, plus an 8½” x 11” site plan.

2. All plans shall be legible, drawn to scale and dimensioned.

3. All corrections and revisions SHALL be made on the original tracings and four (4) new sets of prints returned along with all redlined prints.

4. Details, data and information provided by the Building Safety and Fire Departments shall not be included by reference or attachment only. The data must be delineated into the drawings by notes or graphics as part of the original tracings or masters.

5. Red-lining of final prints will not be permitted without permission from the plans examiner. To avoid delays ensure that all corrections have been made, are complete and have been coordinated on all applicable details and notes.

6. All engineers and architects involved in the design of the project shall seal the related sheets and details. This is in accordance with the Rules of the Arizona State Board of Technical Registration. (IF APPLICABLE).

7. If you do not understand or have difficulty preparing plans showing the requirements listed, it may be to your advantage to retain a design professional to assist you with your project. The Building Safety Department can answer any questions you may have on the building permit process, please call 623-930-2800. The Fire Department can answer questions regarding fire sprinklers and fire extinguishers at 623-930-3127.
**PROJECT DATA:** The following information shall be provided on all plans:

1. Project address.

2. North arrow.

3. Occupancy classification.

4. Provide a description of the proposed use. Specify which State of Arizona Department of Health Services licenses you will be requesting and how many persons you will be licensed to have.

5. Square footage of the building.


7. Architect, engineer or designer (name, address, phone). (IF APPLICABLE).

**SITE PLAN:**

1. Indicate locations of all structures on the property.

2. Show dimensions from each structure to the property lines and between each structure.

3. Show where handicap access will occur (pathway or ramp) and provide details of ramp.

**FLOOR PLAN:**

1. Show all rooms and indicate all uses (i.e., bedroom, dining room, etc.).

2. Show locations, sizes and types of all windows and doors. Indicate the sill height on all bedroom windows.

3. Two exits are required from the building, indicate on the plan the locations. Required exits cannot pass through kitchens, laundry rooms, or garages.

4. Show locations of stairs on the interior and exterior. Indicate the width, and the rise and run of the stairways.

5. Indicate proposed changes to the floor plan.

6. Some of the changes may require details, (any new construction of walls, porches, stairs, ramps, etc.).

7. Provide details indicating compliance with handicap codes. (Bathrooms, exits, ramps, etc.).

8. Indicate locations of all smoke detectors, heat detectors, exit illumination and fire extinguishers.

9. All bathrooms shall be provided with a minimum of one GFCI outlet adjacent to the sink. Indicate locations on the plans.

**FIRE SAFETY SYSTEMS:**

1. Fire sprinklers: Provide a complete and accurate plan indicating design and layout of the system. (IF APPLICABLE).