SUPPLEMENT Permit Application for Residential Care/Assisted Living Facilities

City of Tempe Community Development Building Safety Division 31 East 5th Street Tempe, AZ 85281 (480) 350-8341



This supplement is used in conjunction with our standard Project Submittal form to properly classify the proposed facility and secure clearances prior to issuance of a building permit. Please provide the following information:

1.	Name of Operator	
2.	Address of Adult Group Care Home	
3.	Contact Person for Site Inspection	
4.	Telephone Number 5. No. Clients or Residents*	
6.	Number of Resident Staff (those staff which also reside at this address)	
	Signature of Owner or Authorized Agent Date	
-	(for official use only)	
faci	e Community Development Department has received an application for a residential care/assisted living lity at the address shown above. The Planning Manager or their assigned representative must sign, date and urn this form to the Building Safety Division to clear the Building Permit for issuance.	
[] Building Safety - Inspection (Site Inspection Requested)		
[]	Planning	
	Signature of Manager or Authorized Individual Date	
INS	 This form must be completed at the time of application for Building Permit. (See Office Procedure Directive #58 for Login/Plan Check Procedures) * 2. A copy of this form will be forwarded to the Building Safety Inspection Administrator or if the number of clients or residents is five (5) or less. Do not forward a copy of this form if the number of clients or residents is greater than five (5). 3. In all cases a copy of this form will be forwarded to the Planning Manager or assigned representative. Permit will not be issued until unconditional clearances have been received. 	s