

GROUP HOME APPROVAL FORM FOR BUILDING INSPECTOR

Division of Health Service Regulation
Construction Section - Form 428-BI

Directions for Applicant: Give this form to your building inspection department or building inspector before you begin construction or alterations to the proposed group home.

DHSR Construction Section Project Number: _____ FID Number: _____

Facility Name: AMAT GROUP HOMES
Applicant's Name: IBILOLA ARIDEGBE
Facility Street Address: 735 STRICKLAND ROAD
City: DUNN NC Zip code: 28334

For buildings in which more than three people are harbored for medical, charitable or other care or treatment, and in accordance with information provided by the applicant the, State Agency having jurisdiction shall classify the facility under the **2018 edition of the North Carolina State Building Codes as:**

- Residential Building Code/Alternative Family Living (AFL):** 2-3 residents of any ambulation status;
- 428.2 Residential Care Homes:** 4-6 residents all of whom will be able to respond and evacuate the building without any assistance from others in an emergency (no physical help or verbal prompting from anyone);
- 428.3 Licensed Small Residential Care Facilities:** 4-6 residents with up to three residents who may not be able to respond and evacuate the building without any assistance from others in an emergency; **or** up to 9 residents all of whom will be able to respond and evacuate the building without any assistance;
- 428.4 Small Nonambulatory Care Facilities:** 4-6 residents who may not be able to respond and evacuate the building without any assistance from others in an emergency.
- 428.5 Large Residential Care Facilities:** 7-12 residents who may not be able to respond and evacuate the building without any assistance from others in an emergency.

The proposed building for licensing as a group home as described above has been inspected by the local building inspector and is:

- Approved Not Approved: for compliance with code requirements listed above by:

Inspector: _____ Jurisdiction: _____

Date of Approval or Disapproval: _____

Building Inspector: Please write any comments below:

- Building Inspector** (Optional): please indicate if the **Form 428A-BI-A - Appendix A: Group Home Approval Checklist** is attached to this inspection report.

Important Note: The approval by the building inspector does not permit the applicant to admit residents to the facility. Final approval for licensure must be obtained from the Division of Health Service Regulation Adult Care or Mental Health Licensure Section after final approval by the Construction Section. All Licensure Rules and Building Code deficiencies listed in our Letter of Review and/or Inspection Report for this facility must be provided or completed. In many cases, licensing requirements may be more stringent than building code requirements.

Applicant: Please return this completed form to: **DHSR Construction Section Attn: _____**
2705 Mail Service Center
Raleigh, NC 27699-2705