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: MHL-5846 **FID Number:** 250743

Facility Name: AMAT GROUP HOMES LLC

Applicant's Name: Ibilola Aridegbe

Facility Street Address: 714 W J St.

City: ERWIN NC **Zip code:** 28339

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:**

- ☐ **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

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Appendix A: Group Home Approval Checklist

Division of Health Service Regulation

Note for Building Inspector: This is an **optional** form that may be used as an attachment to the Form 428-BI *Group Home Approval Form for Building Inspector.*

DHSR Construction Section Project Number: _____ **FID Number:** _____

Facility Name: _____

Applicant's Name: _____

Facility Street Address: _____

City: _____ **Zip code:** _____

GENERAL CONSTRUCTION

	APPROVED YES	NO	
1	☐	☐	There must be no obvious general safety and/or structural defects. The wood structure must be sound and dry, with no mildew smell, wet insulation, or standing water in the crawl space.
2.	☐	☐	There must be no exterior portals for vermin to enter the home (holes in soffits or fascia, missing foundation vents, etc)
3.	☐	☐	All decks, floors, porches, steps and railings (inside and outside) must be safe and in good repair.
4.	☐	☐	Provide a minimum two remote exits at each floor and arranged to minimize the possibility that both may be blocked by any one fire or other emergency. On the ground floor, provide at least one door three feet wide and one door at least two feet-eight inches wide.
5.	☐	☐	Interior ceiling heights must be a minimum seven feet-six inches high.
6.	☐	☐	Interior wall and ceiling finish shall be Class A, B or C. Fire retardant paints shall be renewed at such intervals as necessary to maintain the required finish rating if applicable.
7.	☐	☐	All required windows and doors must be easily operable from the inside for ventilation and escape purposes.

FOR HOMES WITH NONAMBULATORY RESIDENTS

8.	☐	☐	**Either:** 1-hour fire-resistant construction including all walls, partitions, floors and ceilings, and 1.75 inch solid wood core bedroom doors; **Or:** sprinklered with a wet-pipe system in accordance with NFPA 13D with a 30-minute water supply including sprinkler protection in toilets, closets, pantries, storage and utility spaces. Sprinkler system to be monitored per Section 903.4 (Exception 1, is not applicable).
9.	☐	☐	Exit stairways either exterior unenclosed or interior enclosed on each level with 1-hour fire-resistant construction and a self-closing 20-minute labeled door. Other interior stairways enclosed on one floor level with one - hour fire-resistant construction and a self-closing 20-minute labeled door.
10.	☐	☐	Any incidental use areas (as defined by Table 509) enclosed with one-hour fire-resistant construction and a self-closing 20-minute labeled door or provided with sprinklers and smoke-resistant separation from other areas.
11.	☐	☐	Provide a fire alarm system in accordance with NFPA 72. Provisions shall be made to activate the internal evacuation alarm at all required exits.
12.	☐	☐	Interior wall and ceiling finish of gypsum wallboard, plaster or other noncombustible material.

PLUMBING

	APPROVED YES	NO	
1.	☐	☐	Hot water tank pressure relief valve is piped to a safe location

ELECTRICAL

APPROVED YES	NO	
1. ☐	☐	Receptacles in kitchens, bathrooms, garages, and outdoors are GFCI protected.
2. ☐	☐	Exposed wiring in attics, crawl spaces, and other areas is supported and protected.
3. ☐	☐	Smoke detection is installed in each bedroom, outside each bedroom area, and on each level. All detectors must be: **a**) powered from un-switched 120-Volt house current, **b**) provided with battery backup power, and **c**) tied together so that when any detector is activated, all the detectors sound.
4. ☐	☐	The panel box must be labeled to indicate which circuit serves which appliance or area of the house. Panel blanks must be filled and the panel face secure.
5. ☐	☐	Kitchen circuits must adequately support the equipment and outlet loads.
6. ☐	☐	Outside lighting is required at all exit doors.
7. ☐	☐	Where appliances are required to have three-wire 120-Volt circuits/receptacles, no adapters are permitted. Check the kitchen, laundry, computer, freezer and other three-wire appliances, and provide new circuits/receptacles where needed.
8. ☐	☐	All extension cords must be UL approved and be properly used.
9. ☐	☐	Verify that electrical outlets have not been painted.

FOR FAMILY CARE HOMES AND HOMES WITH NONAMBULATORY RESIDENTS

10. ☐	☐	Heat detector(s) in the attic with dedicated sounding device, powered by a 120-Volt house circuit and provided with battery backup power.

HEATING/COOLING

APPROVED YES	NO	
1. ☐	☐	If applicable, provide smooth walled solid metal duct from the range hood and from the dryer wall connection to exhaust directly to the outside of the home. Provide back draft caps at the exterior termination of these ducts. Note that flexible duct may be installed between the dryer and the wall connection.
2. ☐	☐	If applicable, provide metal duct from the bathroom ventilation fans to exhaust directly to the outside of the home. This duct may be a flexible metallic duct. Provide back draft caps at the exterior termination of these ducts.
3. ☐	☐	Ensure there is adequate combustion air and ventilation at gas-fired heating equipment – furnaces, water heaters, and dryers.

COMMENTS, ADDITIONAL INFORMATION, DIRECTIONS, ETC.

_____

_____

☐ **Approved** ☐ **Not Approved: for compliance with code requirements listed above by:**

Inspector: _____ **Jurisdiction:** _____ Date: _____

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