



GROUP CARE FACILITY REQUIREMENTS

This sheet must be completed for all new group care facilities. If this is a change of ownership, you must also complete this form but you will be held to the plumbing code at the original time of permitting until the facility is expanded or changes use.

DATE: _____ PROPOSED # OF RESIDENTS: _____ PROPOSED # OF STAFF: _____

PROJECT NAME: _____

ADDRESS: _____

PERSON TO CONTACT: _____ PHONE #: _____

_____ Floor plans of facility provided and drawn to scale. Scale must be shown on the floor plan.

_____ Utility bill showing sewer charges or letter of sewer connection provided.
If facility is on septic, answer next line.

_____ Facility is on septic. Must fill out Existing System Verification OR modify existing annual operating permit if applicable.

_____ 49 dollars paid to the OCHD for initial plan review fee.

_____ 1 toilet shown on floor plan for every 10 patrons.

_____ 1 shower or bathtub on floor plan for every 8 patrons.

_____ 1 hand wash sink shown on floor plan for every 10 patrons.

_____ 1 water fountain shown on site plan for every 100 patrons.

_____ 1 mop sink shown on floor plan.

_____ Number of beds.

_____ Number of bedrooms.

Y/N Is this facility providing 24 hour care, limited nursing care or mental health care?

Y/N Does this facility prepare or serve catered meals? If yes – provide intended menu, name of caterer

_____ Number of meals prepared daily.

_____ Group care facility kitchen sink requirement. Applicable kitchen sinks must be shown on floor plan.

_____ 10 or fewer residents, 1 sink required in kitchen.

_____ 11 or more residents, 2 compartment sink and a mechanical dishwasher capable of sanitization and 1 hand wash sink or a 3 compartment sink with a hand wash sink in the kitchen.

Signature, Owner / Owner's Representative

Date

