



# APPLICATION FOR LICENSED CARE FACILITY

## SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

**San Bernardino Office**

620 South 'E' Street  
 San Bernardino, CA 92415-0179  
 Phone (909) 386-8400  
 Fax (909) 386-8460  
 Hours: 8:00 am – 5:00 pm M-F

**North Desert Office**

15900 Smoke Tree St. Suite 131  
 Hesperia, CA 92345-3222  
 Phone (760) 995-8190  
 Fax (760) 995-8205  
 Hours: 8:00 am – 5:00 pm M-F

**Lake Arrowhead Office**

301 St. Hwy. 173, P.O. Box 130  
 Lake Arrowhead, Ca 92352  
 Phone (909) 337-8586  
 Fax (909) 336-3182  
 Hours: 9:00 am – 12:00 pm Tue.

**South Desert Office**

6942 Airway Ave. Suite C  
 Yucca Valley, CA 92284  
 Phone (760) 369-7005  
 Fax (760) 369-7011  
 Hours: 9:30 am to 11:30 Wed.

WEBSITE: [www.sbcfire.org](http://www.sbcfire.org)**FACILITY INFORMATION**

Licensed care uses may have specific zoning, building and Fire Code requirements. These requirements provide a minimum level of safety for this sensitive type of use. Licensed care providers are urged to contact the appropriate County or City agencies, including the Planning and Building and Safety offices to obtain all information needed to convert your property into a Licensed Care facility.

FACILITY NAME		FACILITY ADDRESS		COMMUNITY	STATE	ZIP CODE
FACILITY TYPE		PROPOSED TOTAL CAPACITY	# OF AMBULATORY	# OF NON-AMBULATORY	# OF BEDRIDDEN	

**CONTACT INFORMATION**

CONTACT NAME		CONTACT ADDRESS		COMMUNITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	CONTACT FAX NUMBER	CONTACT E-MAIL ADDRESS				

<input type="checkbox"/>	Prior to an INITIAL FIRE CLEARANCE inspection, a completed State of California Fire Safety Inspection Request (Form STD 850) must be received by this office from the agency. EXCEPTION: Applicants for facilities licensed by Alcohol & Drug programs may download the STD 850 form from <a href="http://www.adp.ca.gov">www.adp.ca.gov</a> and submit the completed form directly to us. (NOTE: The STD 850 form is NOT required for a Pre-Application Inspection).
<input type="checkbox"/>	Dimensional site plan showing all buildings on site, access driveways, setbacks from property lines, and distances between buildings. Include fenced areas and exits to the street.
<input type="checkbox"/>	Floor plan showing all rooms, interior and exterior doors, windows, bedrooms, common use areas, attached garages, etc. Indicate the use of each room on the plan.
<input type="checkbox"/>	Number and location of client bedrooms. Please specify how many clients are ambulatory vs. non-ambulatory and the location of their respective bedrooms. (Residential Care Facility only)
<input type="checkbox"/>	Location of any ramps for all interior and exterior changes in elevation for all exit paths, including slope, handrails, guardrails. (Residential Care Facility only)
<input type="checkbox"/>	Information and location of all smoke and carbon monoxide alarms, fire extinguishers, fire alarms, fire protection systems, water tanks and hydrants, as applicable.

**FEES**

<input type="checkbox"/>	Pre-Application (25 clients or less)	\$ 50.00	
<input type="checkbox"/>	Pre-Application (26 or more clients)	\$ 100.00	
<input type="checkbox"/>	Fire Clearance (6 or less clients)	\$ 0.00	
<input type="checkbox"/>	Fire Clearance (Over 6 clients)	\$ 165.00	This is an Hourly Fee.

TOTAL FEE = \$

SUBMITTED BY (please print)	SIGNATURE	DATE

**\*OFFICE USE ONLY\***

DATE OF RECEIPT	CHECK/M.O. # OR CASH	CHECK NAME	RECEIVED BY	RECEIPT NUMBER	PERMIT NUMBER