



APPLICATION FOR LICENSED CARE FACILITY

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

San Bernardino Office
385 N. Arrowhead Ave., 1st Floor
San Bernardino, CA 92415-0187
Phone (909) 386-8400
Fax (909) 387-3249
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 Tues

South Desert Office
58928 Business Center Dr.
Yucca Valley, CA 92284
Phone (760) 995-8190
Fax (760) 995-8205
Hours: 8:30 am to 4:00 pm Tues

WEBSITE: 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		CITY / COMMUNITY		ZIP CODE	
FACILITY TYPE		PROPOSED TOTAL CAPACITY	# OF AMBULATORY	# OF NON-AMBULATORY	# OF BEDRIDDEN		

CONTACT INFORMATION

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

- Prior to a required FIRE CLEARANCE inspection, a completed 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 www.adp.ca.gov and submit the completed form directly to us. (NOTE: The STD 850 form is NOT required for a Pre-Application Inspection).
- 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.
- 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.
- 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)
- Location of any ramps for all interior and exterior changes in elevation for all exit paths, including slope, handrails, guardrails. (Residential Care Facility only)
- Information and location of all smoke and carbon monoxide alarms, fire extinguishers, fire alarms, fire protection systems, water tanks and hydrants, as applicable.

FIRE CLEARANCE AND ANNUAL FEES

OCC. CLASS	PERMIT TYPE (Fees are for first habitable 25,000 square feet)	Fee
<input type="checkbox"/> N/A	Pre-License Clearance Inspection	\$ 464.00
<input type="checkbox"/> N/A	Initial Fire Clearance (Form 850 or Agency Request) (≤ 6clients)	\$ 0.00
<input type="checkbox"/> N/A	Initial Fire Clearance (Form 850 or Agency Request) (Over 6 clients)	\$ 204.00/hr x ____ = \$ _____
<input type="checkbox"/> E	Annual - Day Care Facility (≥7 Clients NOT requiring assistance)	\$ 505.00
<input type="checkbox"/> I-2	Annual - Hospitals/Nursing Homes/Detox. Facilities	\$ 505.00
<input type="checkbox"/> I-4	Annual - Day Care Facilities (≥7 Clients requiring assistance)	\$ 505.00
<input type="checkbox"/> R-2.1	Annual – Residential Care Facility	\$ 674.00
<input type="checkbox"/> R-3.1	Annual – Residential Care Facility	\$ 447.00
<input type="checkbox"/> R-4	Annual - Residential Care Facility	\$ 571.00
<input type="checkbox"/> N/A	All Facilities – Each Additional Habitable 25,000 Square Feet	\$ 166.00 x ____ = \$ _____

TOTAL FEE = \$ _____

SUBMITTED BY (please print)	SIGNATURE	DATE