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GROUP “R-4/R-3” OCCUPANCY RESIDENTIAL CARE/ASSISTED LIVING FACILITIES (3 TO 16 OCCUPANTS, EXCLUDING STAFF)

This form is to be used for the review of residential care/assisted living facilities designed to accommodate more than two, but not more than sixteen (16) persons, excluding staff.

Residential Care/Assisted Living facility: A building or part thereof housing a maximum of 16 persons, on a 24-hour basis, who because of age, mental disability or other reasons, live in a supervised residential environment which provides personal care services. **Occupants are capable of responding to an emergency situation without physical assistance from staff. Where occupants cannot meet the fire evacuation drill requirements, additional building protection is required.**

Personal Care Service: The care of residents who do not require chronic or convalescent medical or nursing care.

Return the attached application with a check for \$150.00 for occupancy changes payable to the “State of Alaska”, and submit all the required elements listed on the following page. Remodels and new construction will be a calculated Fee.

The fire alarm and automatic fire sprinkler system reviews may require additional fees.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Facility: _____

Address of Facility: _____

Owner Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Physical Address of Facility: _____

All of the following information is required to be submitted to this office in order to perform the necessary plan review and approvals:

1. Interior and exterior photos of the facility
 - Including kitchen cooking area, typical bedroom and egress window, living and dining areas, stairways and landing.
2. Floor plan of facility (to scale)
 - Emergency escape windows from each sleeping room or area, indicating size of the window and size of the openable area, and height above finished floor.
 - Doors (show size and swing)
 - Placement of portable fire extinguishers
 - Label each room as to use (living room, bedroom #1, etc.)
 - Stairs (interior and exterior) rise and run, stair width, handrails including height of rails and grasp ability dimension, landings, and guards.
 - At least two exits separate and remote from each other. • Cooking stove hood vented to the outside, or UL listed re-circulating.
3. An automatic fire sprinkler system – (Required in all assisted living occupancies except R-3, 3-5)
 - Provide plans designed and prepared by a person or company licensed and permitted by the State of Alaska. (In accordance with NFPA 13, 13D or 13R, as applicable.)
 - After receiving a sprinkler plan review approval by this office, the installation must be performed by a technician licensed and permitted by the State of Alaska.
4. A fire alarm system
 - Provide plans designed and prepared by a person or company licensed and permitted by the State of Alaska.
 - After receiving a fire alarm system plan review approval by this office, the installation must be performed by a technician licensed and permitted by the State of Alaska.
5. Evacuation plan / fire drills and drill log
 - Written plan submitted • Plan based on evacuation capability (prompt, slow, impractical)
 - Performed six times a year, two of those conducted at night
 - Drill log noting time of day, time taken to reach a point of safety, escape routes, simulated fire origin, and comments
 - Available for review by fire official or other approved licensing official.
6. Portable fire extinguishers
 - Minimum U.L. classification 2-A:10-B:C
 - Mounting height must be mounted on the wall with the bottom not less than 4 inches off the floor and the top not more than 5 feet above the floor
7. Plot plan
 - Show facility with dimensions to lot lines and/or other buildings on the same property.

If additional information is required, a Fire Marshal will contact you.