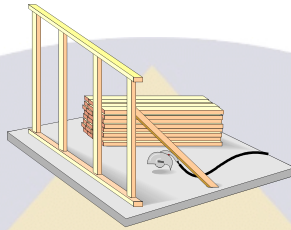


HEALTH CARE FACILITIES PRE-SUBMITTAL PROCEDURES



City of North Las Vegas
Development Services Department
Building Safety Division
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CITY OF

NORTH LAS VEGAS
Your Community of Choice

City of North Las Vegas

Health Care Facilities Pre-Submittal Guidelines

Health Care Facilities, residential group care facilities, congregate care facilities and assisted living facilities provide many different types of care. The Uniform Building Code requires that all buildings and facilities be classified with an occupancy. Without knowing specifically what kind of health care is going to be provided, services offered, and the number of persons affiliated with such facility, it is very difficult to accurately classify the occupancy.

The State of Nevada, Department of Human Resources, Health Division licenses all health care facilities. The state requires a notarized four-page application be submitted to them for a license. The application clearly identifies the type of health care you are going to provide.

A copy of the notarized Nevada State Health Division Licensing Application must be submitted with any permit application for construction of a health care facility. For any health care facility as defined above, the City of North Las Vegas Building Department will not accept applications for permit without this State Licensing Application.

The Nevada State Fire Marshall has declared that all health care facilities, with an occupancy rate of six or more which intend to house Alzheimer patients, be classified as a Group I, Division 1.1 occupancy, as defined in the Uniform Building Code.

The Nevada State Fire Marshall's Office also reviews plans for fire and life safety issues.

The following is a description of the different types of occupancies as classified in the Uniform Building Code-1997 Edition and the City of North Las Vegas Business License Ordinances. The most restrictive of the two shall apply and thus is listed below.

<u>Occupancy</u>	<u>Description</u>
R-1 or R-3	Health Care Facilities with five or less could be classified into this category, depending on original occupancy.
R-4	Not more than six beds. Residential Group Care. Ambulatory Only.
I-1.1	6 or more patients. Hospital, sanitarium, nursing home. Non-ambulatory.
Also,	6 or more Alzheimer patients. Considered Non-ambulatory.
I-1.2	6 or more patients. Outpatient medical care than may render the patient incapable of unassisted self-preservation. Ambulatory Only.
I-2	6 or more patients. Nursing home. Ambulatory Only.
I-3	1 or more patients. Mental hospital, mental sanitarium. Ambulatory and/or Non-ambulatory.

Refer to the Multi-Family, Commercial and Industrial Plan Submittal and Permit Guide for further requirements.

HEALTH DIVISION
BUREAU OF LICENSURE AND CERTIFICATION

LICENSE APPLICATION

(MUST BE TYPED OR FILLED OUT LEGIBLY IN INK)

- INITIAL LICENSE ANNUAL RENEWAL BED INCREASE / DECREASE
 CHANGE OF OWNERSHIP CHANGE LEVEL OF CARE CHANGE ADMINISTRATOR
 OTHER _____

FACILITY'S LEGAL NAME _____

STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

APPLICANTS NAME _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

IF APPLICANT IS A NATURAL PERSON, IS OWNER 21 YEARS OR OLDER? YES NO

OWNER OF FACILITY _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

(IF OWNER IS A CORPORATION, GIVE CORPORATE OFFICE ADDRESS)

**FOR PARTNERSHIP OR CORPORATION, LIST EACH PERSON HAVING A DIRECT OR
INDIRECT OWNERSHIP INTEREST IN THE FACILITY OF 10% OR MORE:**

ADMINISTRATOR _____

TYPE OF FACILITY _____

(SELECT FROM ATTACHED LIST OF FACILITIES)

NUMBER OF BEDS _____

NATURE OF SERVICES AND TYPE OF CARE (BE SPECIFIC) _____

OWNER OF REAL PROPERTY _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

IS ZONING APPROVED? YES NO (ATTACH PROOF)

NEVADA REVISED STATUTE