



Group Home Questionnaire

Department of Planning & Development Review, Bureau of Permits and Inspections
900 East Broad Street, Room 108
Richmond, Virginia 23219
Office: (804) 646-4169

<https://www.rva.gov/planning-development-review/permits-and-inspections>

Please complete this form and upload it to your project attachments in the Online Permit Portal.

Plan Number: BLDR- _____ Date: _____

Property Address: _____ City: Richmond State: VA Zip Code: _____

Entity Name (as appears on licensing documents): _____

Entity Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Please respond to the following questions:

Are you required to/will you be obtaining a State license for this use? Yes No

If a license will be obtained, what is the licensing authority for the proposed use?

How many occupants are proposed? _____

Is the proposed facility for Hospice Care only? Yes No

Are all occupants able to extract themselves from the building in cases of emergency? Yes No

If not, how many will require assistance from one or more staff? _____

Will occupants be staying overnight? Yes No

Will there be one or more on-site staff (nurse, security, etc.) to care for/monitor occupants? Yes No

Is a sleeping room provided for staff use only? Yes No

Do all exits discharge directly to grade level (no stairs)? Yes No

How many exits are provided? _____

Is the building protected by an automatic fire sprinkler system? Yes No

http://codes.iccsafe.org/content/VACC2021P1/chapter-3-use-and-occupancy-classification#VACC2021P1_Ch03_Sec313