



# San Bernardino County Fire Department

## Victorville Division

14343 Civic Drive  
PO Box 5001  
Victorville, CA 92393-5001  
(760) 955-5227  
Fax (760) 269-0020  
www.victorvilleca.gov

### Application for Licensed Care Facility

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 City of Victorville Development Department to obtain all information needed to convert the property into a Licensed Care Facility.

#### FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Proposed Total Capacity: \_\_\_\_\_

Number Ambulatory: \_\_\_\_\_ Number Non-Ambulatory: \_\_\_\_\_ Number Bedridden: \_\_\_\_\_

#### CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
Street City State Zip Code

#### Licensed Care Facility Submittal Requirements:

- 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 and drug programs may download the STD 850 form from [www.adp.ca.gov](http://www.adp.ca.gov) and submit the completed form directly to the San Bernardino County Fire Department Victorville Division. (NOTE: Form STD 850 is not required for a Pre-Application Inspection).
- Dimensional site plan to include: all buildings on site, access driveways, setbacks from property lines, distances to buildings, 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.
- Information and location of all smoke and carbon monoxide alarms, fire extinguishers, fire alarms, fire protection systems, water tanks, and hydrants, as applicable.
- Residential Care Facility only: Number and location of client bedrooms. Please specify how many clients are ambulatory and/or 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, and guardrails.

**Please select the applicable inspection type below:**

LICENSED CARE FACILITY			
<input type="checkbox"/> Pre-Licensed Clearance Inspection	\$204.00	<input type="checkbox"/> County Mandated Annual Inspection	\$204.00
<input type="checkbox"/> Each Additional Habitable 25,000 Sq. Ft.	\$166.00	<input type="checkbox"/> Technology Fee	4.8% of the listed fees

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_