

**RESIDENTIAL ASSISTED LIVING FACILITY (RALF)
APPLICATION FOR FACILITY LICENSE IN IDAHO**

ADDENDUM B – LOCAL APPROVALS

PLEASE TYPE OR PRINT

I. GENERAL INFORMATION

a. Assisted Living Facility Name (must match the name given on the Application Part A – limit 55 characters) :		
b. Physical Street Address:	c. City (must be in Idaho):	d. Zip Code:
h. Facility Phone Number (include area code):	i. Facility Fax Number (include area code):	
j. E-mail Address for Licensing and Certification Contacts:	k. Requested Bed Capacity:	

II. FIRE/SAFETY INFORMATION

a. The facility is located in a local fire district, or the lawfully constituted fire authority will respond to a fire at the facility.	
_____	_____
Signature of Local Fire Authority	Date
b. The facility's electrical wiring meets the applicable electrical codes for that structure(s) and is safe for occupancy.	
_____	_____
Signature of Licensed Electrician	Date
c. If the facility has a private water supply and/or sewage system, the Department must receive a statement from the local environmental health agency stating that the water supply and/or sewage disposal system(s) meet the requirements of the Department.	
ATTACH a copy of the last Health Department Laboratory Water Test, if the facility has a private water supply.	
ATTACH documentation stating that the Health Department has checked the sewage system, if the facility has a private sewage system.	

III. ZONING/BUILDING/FIRE CODES

a. The facility meets the applicable local zoning codes.(No enforcement issues are pending)	
_____	_____
Signature of Local Zoning Official	Date
b. The facility meets the applicable local building codes. (No enforcement issues are pending)	
_____	_____
Signature of Local Building Official	Date
c. The facility meets the applicable local fire codes. (No enforcement issues are pending)	
_____	_____
Signature of Local Fire Inspector	Date