

Rooming House / RCF Questionnaire

Property address: _____

Contact name: _____ Phone number: _____

Is the dwelling / facility owner-occupied? _____

Maximum number of residents including any live-in staff members. _____

Are individual rooms being rented / leased? _____

Are all the residents living as a cooperative household and sharing in household tasks and duties? _____

Are residents able to stay for just one night, or is it a longer term agreement? _____

Are residents required to participate in any type of program to maintain residency? _____

- If yes, describe the program.

Supervised care or skilled nursing provided? _____

- If yes, what type of care is provided?

Are meals provided to the residents? _____

Would the site change (parking, etc.)?

Licensed by the state? _____

- If yes, what type of license? _____

Are the residents residing there as a part of a court order? _____

Office Use Only

Code Enforcement Case # - _____

Additional Code Enforcement Case #'s - _____

License Required? Yes No

BZS - Correct Zoning District? Yes No

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Please draw below, or attach a complete floor plan of the structure (basement, 1st floor, 2nd floor, etc.). This is not required to be professionally drawn and does not have to be drawn to scale, but please include the following items:

- Identify each room and include room dimensions
 - Example: Bedroom 1 – 12x15; 2 occupants
 - Fire extinguisher locations
 - Fire alarm locations
 - Emergency exit locations (egress points)
 - Emergency exit sign locations
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A large grid for drawing a floor plan. The grid is composed of 30 columns and 30 rows of small squares, providing a space for the respondent to draw a floor plan of the structure.