



## LANCASTER FIRE DEPARTMENT BOARDING FACILITY OPERATIONAL PERMIT APPLICATION



**Fee: \$500**

**FOR OFFICE USE ONLY**

Occupancy ID: \_\_\_\_\_ Invoice No.: \_\_\_\_\_ Processed By: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_ Payment Type : \_\_\_\_\_ Account ID: \_\_\_\_\_  NEW  RENEWAL  
 Planning and Zoning Approval:  Approved  Denied  
 Planning and Zoning Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**This application must be completed by the person who owns, operates or controls the property, and returned with the applicable, nonrefundable annual fee of \$500.00. If the owner or operator is not an individual, an authorized officer or agent of the owner or operator must file this form. Please update any information that is incorrect on this application in the spaces provided below.**

**IF THIS FORM IS NOT COMPLETELY FILLED OUT THE APPLICATION WILL NOT BE ACCEPTED**

**Applicant Information:**

*Applicants address and phone number does not have to match the Boarding Home unless the applicant resided full-time at the Boarding Home.*

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Facility Information:**

Name of Facility: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Type of Facility (check one):

<input type="checkbox"/> Lodging House	<input type="checkbox"/> Community Home	<input type="checkbox"/> Group Home
<input type="checkbox"/> Halfway House	<input type="checkbox"/> Detoxification Facility	<input type="checkbox"/> Psychiatric Hospitals
<input type="checkbox"/> Residential Board and Custodial Care Facility	<input type="checkbox"/> Social Rehabilitation Facility	<input type="checkbox"/> Foster Home

<input type="checkbox"/> Convalescent & Nursing Home	<input type="checkbox"/> Other	
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If Other Please Explain: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Maximum Number of non-related persons that will reside at this Facility: \_\_\_\_\_

What services will be offered or provided to the residents of the Boarding Facility: \_\_\_\_\_

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**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Property Owners Information:**

Owned by (check one):  Individual  Corporation  Partnership  Other

Please explain if other: \_\_\_\_\_

Property Owner(s) of Record: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

***If the property is owned by a Corporation, please provide the following information:***

Name of Corporation's Registered Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name of Corporations Present: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

### **Documents Required With Application:**

- ✓ Applicant must provide a legible copy of their driver's license or other official state or federal identification card.
- ✓ Documentary evidence of payment of ad valorem taxes, fees, fines, and penalties owed to the city in connection with the Boarding Home Facility.
- ✓ The names, physical addresses, mailing addresses, e-mail addresses, telephone numbers, legible copies of drivers' licenses or other official state or federal identification cards, and dates of birth of any owners, operators, or employees of the Boarding Home Facility other than the applicant. The street address may not be the address of the boarding home facility unless the owner, operator, or employee actually resides full-time at the boarding home facility.
- ✓ A floorplan with the square footage of each room must be provided when submitting a permit application.
- ✓ A criminal history report, within the preceding thirty days, documenting all criminal convictions within 10 years of the date of application for each owner and operator of the boarding home facility or a release form authorizing the city to obtain a criminal history report from each owner and operator of the boarding home facility.
- ✓ The Planning and Zoning Department must sign off on Boarding Homes in compliance with the City of Lancaster Development Code. (Application will be sent to Planning and Zoning by the Fire Marshal's office).
- ✓ If the boarding home facility has one or more residents with a disability, a list of disabilities of the residents must be provided.
- ✓ If the boarding home facility has one or more residents who are recovering from an addiction to alcohol or a controlled substance but are not currently using alcohol or the controlled substance, a document that describes the applicant's, owner's, or operator's plan for ensuring that the residents continue to refrain from using alcohol or the controlled substance, including all rules by which residents must abide.

**Should any inspection fail for noncompliance with City Codes a second inspection is required, and an additional fee of \$50.00 will be charged. This fee will increase by \$25.00 for each subsequent re-inspection.**

**I am the person who owns, controls, or operates the Boarding Home Facility that is the subject of this application. I have read the completed application and know the same is true and correct and hereby agree that, if a license is issued, I will comply with all applicable provisions of Ordinance 8.18 of the City of Lancaster, as amended, and all applicable state laws. I accept responsibility for payment of all fees and fines that may result from the operation of the Boarding Home Facility.**

\_\_\_\_\_  
Signature of Owner/Operator/Person in Control of Facility (REQUIRED)

\_\_\_\_\_  
Date

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Divers License/Identification Number & Issuing State