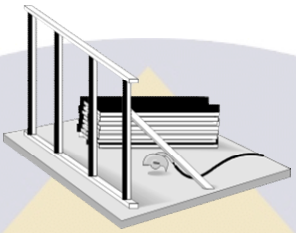
HEALTH CARE FACILITIES
PRE-SUBMITTAL PROCEDURES



City of North Las Vegas
Land Development &
Community Services
Building and Fire Safety Division
2250 Las Vegas Blvd North
North Las Vegas, NV. 89030
Phone: (702) 633-1536
Facsimile: (702) 649-9643

City of North Las Vegas

Health Care Facilities
Pre-Submittal Guidelines

Health Care Facilities, residential group care facilities, congregate care facilities and assisted living facilities provide many different types of care. The International Building Code requires that all buildings and facilities be classified with an occupancy. Without knowing specifically what kind of health care is going to be provided, services offered, and the number of persons affiliated with such facility, it is very difficult to accurately classify the occupancy.

The State of Nevada, Department of Human Resources, Health Division licenses all health care facilities. The state requires a notarized four-page application be submitted to them for a license. The application clearly identifies the type of health care you are going to provide.

A copy of the notarized Nevada State Health Division Licensing Application must be submitted with any permit application for construction of a health care facility. For any health care facility as defined above, the City of North Las Vegas Building and Fire Safety Division will not accept applications for permit without this State Licensing Application.

The Nevada State Fire Marshall has declared that all health care facilities, with an occupancy rate of more than six which intend to house Alzheimer patients, be classified as Group I-4 occupancy, as defined in the Southern Nevada Amendment to the International Building Code 2018.

The Nevada State Fire Marshall's Office also reviews plans for fire and life safety issues.

The following is a description of the different types of occupancies as classified in the International Building Code 2018 Edition and the City of North Las Vegas Business License Ordinances. The most restrictive of the two shall apply and thus is listed below.

Occupancy	Description
R-1 or R-3	Health Care Facilities with six or less could be classified into this category, depending on original occupancy.
R-4	Not more than six beds. Residential Group Care.
I-4	more than 6 patients. Adult day care, child day care.
Also,	more than 6 Alzheimer patients. Considered non-ambulatory.
I-3	Correctional centers, prisons, detention centers, reformatories.
I-2	6 or more patients. Hospitals, foster care facilities, psychiatric hospitals.
I-1	More than 16 patients. Alcohol and drug centers, assisted living facilities, congregate care facilities, group homes, halfway houses, residential board and care facilities, social rehabilitation facilities. Ambulatory and/or Non-ambulatory.

Refer to the Multi-Family, Commercial, and Industrial Plan Submittal and Permit Guide for further requirements.

HEALTH DIVISION
BUREAU OF LICENSURE AND CERTIFICATION

LICENSE APPLICATION

(MUST BE TYPED OR FILLED OUT LEGIBLY IN INK)

¤INITIAL LICENSE ¤ANNUAL RENEWAL ¤BED INCREASE / DECREASE

¤CHANGE OF OWNERSHIP ¤CHANGE LEVEL OF CARE ¤CHANGE ADMINISTRATOR

¤OTHER _____

FACILITY'S LEGAL NAME _____

STREET ADDRESS _____

CITY_____COUNTY_____STATE_____ZIP_____

TELEPHONE_____FAX_____

APPLICANTS NAME_____

ADDRESS_____

CITY_____COUNTY_____STATE_____ZIP_____

IF APPLICANT IS A NATURAL PERSON, IS OWNER 21 YEARS OR OLDER? ¤YES ¤NO

OWNER OF FACILITY_____

ADDRESS_____

CITY_____COUNTY_____STATE_____ZIP_____

TELEPHONE_____ FAX
_____(IF OWNER IS A CORPORATION, GIVE CORPORATE OFFICE ADDRESS)

FOR PARTNERSHIP OR CORPORATION, LIST EACH PERSON HAVING A DIRECT OR INDIRECT OWNERSHIP INTEREST IN THE FACILITY OF 10% OR MORE:

_____

_____

ADMINISTRATOR_____

TYPE OF FACILITY_____
(SELECT FROM ATTACHED LIST OF FACILITIES)

NUMBER OF BEDS_____

NATURE OF SERVICES AND TYPE OF CARE (BE SPECIFIC) _____

_____

OWNER OF REAL PROPERTY_____

ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE_____FAX_____

IS ZONING APPROVED? ¤YES ¤NO (ATTACH PROOF)

NEVADA REVISED STATUTE