



ADULT FAMILY HOME

An Adult Family Home is a private residence licensed by the Washington State Department of Social and Health Services (DSHS) to provide personal care, room, and board for up to six adults who are unrelated to the service provider. Adult family homes are allowed in all single family residential zoning districts in the City of Federal Way. In order to be approved as an adult family home, the provider must address the following items.

DSHS Licensing

DSHS is responsible for ensuring a standard of care for clients in licensed facilities. For information on caregiver and facility requirements call 1-800-422-3263, or visit <https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers>. The state also requires that an inspection be performed by the local jurisdiction to verify that the proposed facility is in compliance with building codes.

Washington State Business Licensing

To establish a business in the State of Washington you are required to register with the Department of Revenue. For information call 1-800-647-7706, or visit www.dor.wa.gov.

City of Federal Way Business Registration

Any business that operates within the city limits of Federal Way is required to register with the city. Business registrations are handled by the State. Go to www.dor.wa.gov and add Federal Way as an endorsement to your State business license.

City of Federal Way Adult Family Home Permit

To ensure the home meets the minimum code requirements for fire and life safety, and to satisfy the DSHS requirement for an inspection by the local jurisdiction, a permit must be obtained from the city's Building Division. After the permit has been issued, you will arrange a site inspection.

Please Note: The inspection is *only* to verify that the home is in compliance with the items on the checklist provided by DSHS. It is the applicant's responsibility to ensure all code requirements have been addressed **prior to** requesting the inspection. If a second inspection is required, you may be charged an inspection fee. For additional information, contact the Permit Center at permitcenter@cityoffederalway.com, or 253-835-2607.

Building/Plumbing/Mechanical/Electrical Permits

Separate permits may be required for remodeling work, including construction of ramps and electrical wiring for smoke detectors. Contact the Permit Center at permitcenter@cityoffederalway.com, or 253-835-2607, for information before beginning any work.

King County Environmental Health Approval

If the home is served by a septic system, approval is required from King County to increase the number of bedrooms or expand the footprint of the home. For information call 206-296-4932, or visit www.kingcounty.gov/healthservices. The city **will not** issue the Adult Family Home Permit until the septic system approval is provided.

ADULT FAMILY HOME PERMIT REQUIREMENTS

A permit is required to establish an existing residence as an Adult Family Home and to allow for inspection of the home as required by the *Washington Administrative Code* (WAC) 388-76-10700 and the Washington State Department of Social & Health Services (DSHS). To apply, submit the following to the Permit Center:

- Completed **Permit Application** form (page 1).
- Adult Family Home Application and Inspection Checklist** provided by DSHS including.
- Floor Plans** for each level of home showing:
 - Size and use of rooms
 - Alphabetical designation for each bedroom (consistent with Inspection Checklist)
- Applicable **Fees** for inspection. Please contact the Permit Center at 253-835-2607 or permitcenter@cityoffederalway.com.
- Copy of King County Environmental **Health Department approval** for homes served by septic systems

Applications can be submitted either in person or by e-mail to the Permit Center.

After the permit is issued, when requested by the applicant, the home will be inspected for compliance with applicable sections of the codes (with State amendments) as listed on the DSHS checklist. The purpose of the inspection is to verify that the residence can be safely occupied as an Adult Family Home. Code requirements not specifically referenced that pertain to single family residences will also apply and unsafe conditions will be noted for correction.

If the home does not pass the initial inspection, the inspector will provide notes indicating the corrections to be made and whether or not a separate permit is required for the work. If no additional permit is needed, the corrections may be completed and a follow-up inspection requested. If the scope of the work is not exempt from permit, contact the Permit Center for specific project requirements. The Adult Family Home Permit will not be signed off until the work of all other permits has been completed and approved. Please note that a separate permit is required to construct interior or exterior ramps.

PERMIT APPLICATION

PERMIT CENTER † 33325 8th Avenue South † Federal Way, WA 98003-6325
253-835-2607 † FAX 253-835-2609 † permitcenter@cityoffederalway.com

PERMIT NUMBER _____ - _____ - _____ - _____ - _____ - _____

TARGET DATE _____

SITE ADDRESS			SUITE/UNIT #		
PROJECT VALUATION \$	ZONING	ASSESSOR'S TAX/PARCEL #			
TYPE OF PERMIT	<input type="checkbox"/> BUILDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ENGINEERING <input type="checkbox"/> FIRE PREVENTION				
NAME OF PROJECT					
PROJECT DESCRIPTION <i>Detailed description of work to be included on this permit only</i>					
PROPERTY OWNER	NAME			PRIMARY PHONE	
	MAILING ADDRESS			E-MAIL	
	CITY	STATE	ZIP		
CONTRACTOR	NAME			PHONE	
	MAILING ADDRESS			E-MAIL	
	CITY	STATE	ZIP	FAX	
	WA STATE CONTRACTOR'S LICENSE #		EXPIRATION DATE	UBI #	
APPLICANT	NAME			PRIMARY PHONE	
	MAILING ADDRESS			E-MAIL	
	CITY	STATE	ZIP	FAX	
PROJECT CONTACT <i>(The individual to receive and respond to all correspondence concerning this application)</i>	NAME			PRIMARY PHONE	
	MAILING ADDRESS			E-MAIL	
	CITY	STATE	ZIP	FAX	
PROJECT FINANCING <i>When value is \$5,000 or more (RCW 19.27.095)</i>	NAME			<input type="checkbox"/> OWNER-FINANCED	
	MAILING ADDRESS, CITY, STATE, ZIP			PHONE	

I certify under penalty of perjury that I am the property owner or authorized agent of the property owner. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Federal Way regulations pertaining to the work authorized by the issuance of a permit. I understand that the issuance of this permit does not remove the owner's responsibility for compliance with local, state, or federal laws regulating construction or environmental laws.

I further agree to hold harmless the City of Federal Way as to any claim (including costs, expenses, and attorneys' fees incurred in the investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the city, but only where such claim arises out of the reliance of the city, including its officers and employees, upon the accuracy of the information supplied to the city as a part of this application.

SIGNATURE: _____ **DATE** _____

PRINT NAME: _____