APPLICATION FOR RESIDENTIAL HEALTH CARE FACILITY - CONTINUED APPROVAL BY LOCAL HEALTH DEPARTMENT– ATTACHMENT A

SECTION I – TO BE COMPLETED BY APPLICANT

Please complete the identifying information in Section 1.
Forward to the local health department in the municipality where the facility is located.

NAME OF FACILITY:		
SITE ADDRESS:		
CITY:	STATE:	ZIP CODE:
TYPE OF FACILITY:		

NOTE: *It should be understood that if the facility is approved locally, the New Jersey Department of Community of Affairs reserves the right to enforce State regulations drawn up to govern the operation of such facilities. The facility will not be licensed unless and until all local requirements are met.*

SECTION II– TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT

The facility named above has applied for licensure as a Health Care Facility in New Jersey
Please provide the following information regarding this facility.

CONFORMANCE WITH LOCAL ORDINANCES, RULES OR REGULATIONS:

☐ IN CONFORMANCE

☐ NO ORDINANCES, RULES OR REGULATIONS EXISTS

☐ WILL APPROVE IF THE REQUIREMENTS SPECIFIED IN THE "REMARKS" SECTIONS ARE CARRIED OUT

☐ IS NOT IN CONFORMITY (EXPLAIN IN "REMARKS" SECTION)

1. FOR NEW STRUCTURES OR ADDTIONS: ☐ WILL BE IN CONFORMITY ☐ WILL NOT BE IN CONFORMITY (EXPLAIN IN REMARKS)
2. IS THE FACILITY SERVICED BY A PUBLIC WATER SUPPLY? ☐ YES ☐ NO
   (IF NO, THE WELL SHALL BE INSPECTED BY THE LOCAL HEALTH AUTHORITY AND A COPY OF THE REPORT ATTACHED)
3. IS THE FACILITY SERVICED BY A PUBLIC SEWAGE SYSTEM? ☐ YES ☐ NO
   (IF NO, THE SEWAGE DISPOSAL SYSTEM SHALL BE INSPECTED BY THE LOCAL HEALTH AUTHORITY AND A COPY OF REPORT ATTACHED).

REMARKS:

NAME OF RESPONSIBLE OFFICAL	TITLE
ADDRESS:	TELEPHONE NUMBER:
SIGNATURE	DATE:

APPLICATION FOR RESIDENTIAL HEALTH CARE FACILITY - CONTINUED
APPROVAL BY LOCAL FIRE DEPARTMENT – ATTACHMENT B

SECTION I – TO BE COMPLETED BY APPLICANT

Please complete the identifying information in Section 1.
Forward to the local health department in the municipality where the facility is located.

NAME OF FACILITY:		
SITE ADDRESS:		
CITY:	STATE:	ZIP CODE:
TYPE OF FACILITY:		

***NOTE**: It should be understood that if the facility is approved locally, the New Jersey Department of Community of Affairs reserves the right to enforce State regulations drawn up to govern the operation of such facilities. The facility will not be licensed unless and until all local requirements are met.*

SECTION II– TO BE COMPLETED BY FIRE DEPARTMENT

The facility named above has applied for licensure as a Health Care Facility in New Jersey
Please provide the following information regarding this facility.

CONFORMANCE WITH LOCAL ORDINANCES, RULES OR REGULATIONS:

- ☐ IN CONFORMANCE
- ☐ NO ORDINANCES, RULES OR REGULATIONS EXISTS
- ☐ WILL APPROVE IF THE REQUIREMENTS SPECIFIED IN THE "REMARKS" SECTIONS ARE CARRIED OUT
- ☐ IS NOT IN CONFORMITY (EXPLAIN IN "REMARKS" SECTION)

FOR NEW STRUCTURES OR ADDTIONS:

- ☐ WILL BE IN CONFORMITY
- ☐ WILL NOT BE IN CONFORMITY (EXPLAIN IN REMARKS)

REMARKS:

NAME OF RESPONSIBLE OFFICAL	TITLE
ADDRESS:	TELEPHONE NUMBER:
SIGNATURE	DATE:

APPLICATION FOR RESIDENTIAL HEALTH CARE FACILITY - CONTINUED
APPROVAL BY LOCAL BUILDING DEPARTMENT – ATTACHMENT C

SECTION I – TO BE COMPLETED BY APPLICANT

Please complete the identifying information in Section 1.
Forward to the local health department in the municipality where the facility is located.

NAME OF FACILITY:		
SITE ADDRESS:		
CITY:	STATE:	ZIP CODE:
TYPE OF FACILITY:		

***NOTE**: It should be understood that if the facility is approved locally, the New Jersey Department of Community of Affairs reserves the right to enforce State regulations drawn up to govern the operation of such facilities. The facility will not be licensed unless and until all local requirements are met.*

SECTION II– TO BE COMPLETED BY BUILDING DEPARTMENT

The facility named above has applied for licensure as a Health Care Facility in New Jersey
Please provide the following information regarding this facility.

CONFORMANCE WITH LOCAL ORDINANCES, RULES OR REGULATIONS:

- ☐ IN CONFORMANCE
- ☐ NO ORDINANCES, RULES OR REGULATIONS EXISTS
- ☐ WILL APPROVE IF THE REQUIREMENTS SPECIFIED IN THE "REMARKS" SECTIONS ARE CARRIED OUT
- ☐ IS NOT IN CONFORMITY (EXPLAIN IN "REMARKS" SECTION)

FOR NEW STRUCTURES OR ADDTIONS:

- ☐ WILL BE IN CONFORMITY
- ☐ WILL NOT BE IN CONFORMITY (EXPLAIN IN REMARKS)

REMARKS:

NAME OF RESPONSIBLE OFFICAL	TITLE
ADDRESS:	TELEPHONE NUMBER:
SIGNATURE	DATE:

New Jersey Department of Community Affairs – Bureau of Rooming and Boarding Home Standards
PO Box 804 Trenton, New Jersey 08625-0804
(P) 609-984-1706 / (F) 609-341-3187

APPLICATION FOR RESIDENTIAL HEALTH CARE FACILITY - CONTINUED
APPROVAL BY LOCAL ZONING DEPARTMENT – ATTACHMENT D

SECTION I – TO BE COMPLETED BY APPLICANT

Please complete the identifying information in Section 1.
Forward to the local health department in the municipality where the facility is located.

NAME OF FACILITY:		
SITE ADDRESS:		
CITY:	STATE:	ZIP CODE:
TYPE OF FACILITY:		

***NOTE**: It should be understood that if the facility is approved locally, the New Jersey Department of Community of Affairs reserves the right to enforce State regulations drawn up to govern the operation of such facilities. The facility will not be licensed unless and until all local requirements are met.*

SECTION II– TO BE COMPLETED BY ZONING DEPARTMENT

The facility named above has applied for licensure as a Health Care Facility in New Jersey
Please provide the following information regarding this facility.

CONFORMANCE WITH LOCAL ORDINANCES, RULES OR REGULATIONS:

- ☐ IN CONFORMANCE
- ☐ NO ORDINANCES, RULES OR REGULATIONS EXISTS
- ☐ WILL APPROVE IF THE REQUIREMENTS SPECIFIED IN THE "REMARKS" SECTIONS ARE CARRIED OUT
- ☐ IS NOT IN CONFORMITY (EXPLAIN IN "REMARKS" SECTION)

FOR NEW STRUCTURES OR ADDTIONS:

- ☐ WILL BE IN CONFORMITY
- ☐ WILL NOT BE IN CONFORMITY (EXPLAIN IN REMARKS)

REMARKS:

NAME OF RESPONSIBLE OFFICAL	TITLE
ADDRESS:	TELEPHONE NUMBER:
SIGNATURE	DATE:

New Jersey Department of Community Affairs – Bureau of Rooming and Boarding Home Standards
PO Box 804 Trenton, New Jersey 08625-0804
(P) 609-984-1706 / (F) 609-341-3187