



**Newton County
Development Services**

**CHECKLIST FOR ESTABLISHING
A PERSONAL CARE HOME**

(Revised 10-12-11)

DEFINITIONS

Personal Care Home – Any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage. This use shall apply to homes for the handicapped. As used herein, the term “handicapped” shall mean having:

- (1) A physical disability that substantially limits one or more of such person’s major life activities so that such person is incapable of living independently;
- (2) A record of having such disability; or
- (3) Being regarded as having such a disability.

However, “handicapped” shall not include:

- (1) Current users or addicts of an illegal controlled substance;
- (2) Sex offenders, specifically including, but not limited to, any persons required to register as a sex offender under O.C.G.A. § 42-1-12; and
- (3) Any person whose residency in the home would constitute a direct threat to the person or property of other individuals.

APPLICABLE STANDARDS

Section 510-460 of the Newton County Zoning Ordinance

STEP ONE: Zoning Compliance

Depending on how many residents there will be and what zoning district the property is located in, either a zoning compliance form (approved by Staff) or a Conditional Use Permit (approved by the Board of Commissioners) will be required. Please contact Branin Burdette at the Development Services Department to determine which applies to your proposal. If a Conditional Use Permit is required, a pre-application meeting must be scheduled (at this meeting you will need a survey of your property).

STEP TWO: Obtain an Inspection from our Building Inspector

A Building Compliance inspection should be scheduled with Crystal Dooley. If a building permit is required, the completion of all required permits shall be required before a business license can be issued. Any applicable impact fees will be collected at this point (please contact Hosanna Fletcher with questions about impact fees).

STEP THREE: Pass a Fire Marshall Inspection

A Fire Marshall inspection will need to be scheduled. Please contact Robert Thomas at the Fire Department if you will have six or fewer residents (see the attached inspection checklist). For seven or more residents, please contact the State Fire Marshall's office. Fees for Fire Marshall plan review will be collected at this point (if applicable).

STEP FOUR: Obtain Septic Tank Approval (If Applicable)

If the property uses a septic tank, you will need the Environmental Health Department to issue an approval.

STEP FIVE: Install Backflow Preventer (If Applicable)

If the property uses a water supply other than a private well, a letter from the water provider indicating a backflow preventer has been properly installed, must be obtained. Questions should be directed to Brian Bloodworth at the Newton County Water and Sewer Authority.

STEP SIX: Obtain a State License

Personal care homes are licensed by the Georgia Department of Human Resources, Office of Regulatory Services, Personal Care Home Program. You must provide a copy of your approved license before advancing to the next step.

STEP SEVEN: Obtain a Business License

Fees for the fire inspection, building inspection and any applicable impact fees will be collected at this point (please contact Hosanna Fletcher with questions about impact fees). Bring copies of your approved fire inspection, approved Zoning Compliance letter, Building Compliance Report, and your approved State license to Pam Maxwell in order to complete the application for a business license.

FEES (Subject to change)

Conditional Use Permit	\$800.00
Fire Inspection	\$100.00
Business License Application Fee	\$100.00
Zoning Compliance Form	\$50.00
Building Compliance Inspection Fee	\$50.00
Business License Fee	Varies
Impact Fees	Varies

CONTACTS

Crystal Dooley, Building Permit Clerk	678-625-1676
Branin Burdette, Zoning Administrator	678-625-1656
Bob Cart, Building Inspector	678-625-1673
Robert Thomas, Fire Marshall	770-784-2123
State Fire Marshall	404-656-2064
Environmental Health Department	770-784-2121
Pam Maxwell, Business License Supervisor	678-625-1655
Hosanna Fletcher, Impact Fee Coordinator	678-625-1225
Personal Care Home Program	404-657-4076
Brian Bloodworth, Water and Sewer Authority	678-878-9329

Newton County Fire Marshall's Check Off Sheet for Residential Board and Care
(Group of 6 or Less)

CHECK OFF	ITEM	CODE	SECTION
	ADDRESS	IFC, 2000	505.1
	GAS	NFPA 54, 2006	7.2.1
	ELECTRICAL PANEL	NFPA 70, 2006	240.83
	HVAC	NFPA 101, 2000	4.6.12.1
	EXITS	NFPA 101, 2000	33.2.2.1
	EMERGENCY LIGHTING	NFPA 101, 2000	33.3.2.9
	EMERGENCY EVAC	IFC, 2000	404.2
	TRAVEL DISTANCE	NFPA 101, 2000	32.3.2.6.1
	VERTICAL OPENING	NFPA 101, 2000	33.2.3.1.1
	INTERIOR FINISH	NFPA 101, 2000	33.2.3.3
	DETECTION, ALARM	NFPA 101, 2000	33.2.3.4 – 3.4.3
	RES. SPRINKLER	NFPA 101, 2000	33.2.3.5.3
	FIRE ALARM SYS.	NFPA 101, 2000	33.2.3.4.1
	OCCUPANT NOTIFICATION	NFPA 101, 2000	9.6.3
	SMOKE ALARMS	NFPA 101, 2000	33.2.3.4.3
	PROTECTION HAZARDS	NFPA 101, 2000	33.2.3.2.1 & 33.2.3.2.2
	CORRIDOR WALLS	NFPA 101, 2000	33.2.3.6.1 – 33.2.3.6.4
	BUILDING SERVICES	NFPA 101, 2000	33.2.5 – 33.2.5.2.3
	PORTABLE FIRE EXTINGUISHERS	NFPA 101, 2000	33.3.3.5.5
	VENTHOOD/SUPPRESSION SYS.	IFC, 2000	609.2.2

Note: Each Item will be explained at the initial inspection

BUILDING INSPECTION APPLICATION FORM

Applicant: _____

Business Name/Type: _____

Contact Phone # _____

Business Address: _____

PLEASE GIVE A DESCRIPTION OF THE MANNER & OPERATION OF THE BUSINESS THAT WILL TAKE PLACE.

ARE YOU THE PROPERTY OWNER? YES _____ NO _____

*Renters shall obtain written and notarized permission from the owner of the property before a permits can be issued.

Applicant's Signature Title Date

OFFICE USE ONLY

BUILDING PERMITS REQUIRED: _____

NOTES: _____

Building Inspector Signature

Date