

Walton County Planning and Development
Personal Care Homes/Community Living Arrangement Guidelines

- 1) Apply for Walton County Evaluation Permit (\$50)-for inspections contact Fire Code Specialist Johnny Pritchett 770-266-1678
- 2) Upon county approval and issuance of the state license, a Business License may be issued

Article 2 Definitions:

PERSONAL CARE HOME: A 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, which include but are not limited to individual assistance with or supervision of self-administered medication, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting, for one (1) or more adults who are not related to the owner or administrator by blood or marriage.

- 1) PERSONAL CARE HOME, COMMUNITY: A personal care home that provides services for seven (7) or more adult.
2. PERSONAL CARE HOME, FAMILY: A personal care home that provides services for three (3) or fewer adults.
3. PERSONAL CARE HOME, GROUP: A personal care home that provides services for four (4) to six (6) adults.

COMMUNITY LIVING ARRANGEMENT: See Personal Care Home

Article 5 Permitted Uses:

NAICS Code	Principal Uses	Suppl. Reg?	A	A-1	A-2	R-1	R-2	R-3	MHP	OI	B-1	B-2	B-3	TC	MUBP	M-1	M-2
	Personal Care Home, Community 7+	Yes						P		P	P	P	P				
	Personal Care Home, Family 1-3	Yes	P	P	P	P	P	P	P	P	P	P	P				
	Personal Care Home, Group 4-6	Yes					P	P		P	P	P	P				

P-Permitted

Personal Care Home Guidelines

- The home shall be operated in a manner compatible with the neighborhood and shall not be detrimental to adjacent properties as a result of traffic, noise, light, refuse, parking or other activities.
- The home shall maintain a residential appearance compatible with the neighborhood.
- The home shall meet all state requirements and all applicable rules and regulations as specified by the Department of Human Resources of the State of Georgia in "Rules and Regulations for Personal Care Homes," Chapter 290-5-35.
- Walton County Occupational Tax Certificate (Business License) shall be required.

Residence must provide the following:

- One Bathroom for every 4 residents
- One tub/shower for every 8 residents
- No more than 4 residents per bedroom, based on size of bedroom (at least 80 square feet of usable floor space per resident is required, closet and bathroom space shall not be included in minimum floor space)
- Handrail on all stairs
- Grab bars in restrooms
- Non-skid surfaces in bathing area
- Water temperature cannot exceed 120°F
- Smoke detection system
- Hood suppression system

Health Department approval required for septic system

Facilities with 7 or more persons in care will require approval from the State Fire Marshall's Office and must comply with all State Building and Life Safety Codes.

Personal Care Home Evaluation Permit checklist:

Name of Personal Care Home: _____

Address: _____

Manager of Facility: _____

24 hr. contact Name and Phone #: _____

_____ (Information must be kept current)

Number of Residents: _____

Items 1-4 must be submitted at time of application:

- _____ 1. Provide copy of warranty deed and plat for the property and/or a copy of the Lease Agreement (notarized) if applicant is not property owner.
- _____ 2. Electrical Service Inspection Report with no violations or hazards identified from a Georgia licensed electrician.
- _____ 3. Floor sketch (including labeling of the rooms, room measurements, location of all doors, windows and bed placement for residents, family and staff)
- _____ 4. Written approval for water source and sewage disposal system
- _____ 5. Fire Safety Inspection Report with no violations or hazards identified from the appropriate fire safety authority showing capacity load.

Water and Septic Tank Report Form

Water and sewage systems must meet applicable federal, state and local standards or regulations. This report should be completed by the County Environmentalist from the County Public Health Department in which the residence is located. The form should be included in your application package submitted to HFR.

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

To be completed by the County Environmentalist:

WATER (Check only one):

_____ The home's water supply is from an approved source.

_____ The home's well has been tested and the report is attached.

SEWAGE (Check only one):

_____ The home is connected to a public or county sewage disposal system.

_____ The home is served by an on-site sewage system adequate for proposed use for
_____ residents.

(Maximum number of residents)

County Environmentalist: _____

Print Name Signature: _____ Date: _____

Electrical Inspection Compliance Form

To be completed by applicant:

Home Name: _____

Address: _____ City: _____

County: _____ Telephone: _____

Owner: _____

Owner's Current Address: _____

Owner's Phone #: _____

To be completed by the Electrician

I, _____ have inspected the electrical system at the above listed home and have determined that the electrical system is maintained in a safe condition and is free of hazards.

Signature: _____

Printed Name: _____

Date of Inspection: _____

Georgia State License #: _____

| Phone #: _____

Info on Hood Suppression

Provide a domestic hood over the stove and vent hood directly to the outside either sidewall or to the roof.

Provide a residential self-contained dry chemical fire extinguishing system that discharges automatically upon activation by a triggering device such as a fusible link. A nozzle extended under the hood directed on the stove surface to extinguish the fire.

Provide an automatic shutoff that will shut off power or gas to the stove upon activation of the system

Dealers that the department is aware of that provide services:

Peach State Fire Protection 770-536-3948

Pro-Tec Fire & Safety 770-385-7311

| Metro Fire 770-267-9127