Ralph S. Northam Governor



Erik C. Johnston Director

Esther Lee Secretary of Commerce and Trade

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

TO: Building Officials

FROM: Jeff Brown, State Building Codes Office Director

Division of Building and Fire Regulation

DATE: March 19, 2018

RE: Revised Virginia Department of Social Services (DSS) Licensing Form

Over the past several months, DHCD has facilitated meetings with DSS and representatives of local building departments to revise a form that DSS has been using for the last several years to verify, through the local building officials, that licensed facilities comply with the Virginia Uniform Statewide Building Code (USBC). DSS has an obligation under state law (§ 63.2-1705 of the Code of Virginia) to verify that licensed facilities meet the specifications for the proper use group under the USBC and the form was developed to meet that requirement.

The original form required the building department to provide specific occupancy information for the building. The revised form simply asks the building department to make a determination, based on its records, that the use of the building complies with the code, or if it appears that there may be noncompliance, to take appropriate action.

The revised form recommended by the group is attached. DSS intends to limit use of the new form to applications where the building involved is not already being used for the same type of license, or where DSS is aware of circumstances which would likely be considered a change of occupancy under the USBC.

SBCO staff, as always, is available to assist DSS and local building departments with any questions, so please do not hesitate to contact us if needed. Questions can be directed to sbco@dhcd.virginia.gov or (804) 371-7150. Thank you in advance for your assistance.

C: VDSS Division of Licensing Programs
Cindy Davis, Deputy Director, Division of Building and Fire Regulation

Attachment: Revised Form





Virginia Department of Social Services

REQUEST FOR COMFIRMATION OF COMPLIANCE WITH UNIFORM STATEWIDE BUILDING CODE

SECTION I (to be completed by applicant)	
(Applicant's Name)	Applicant's telephone number or contact information)
(Applicant's Address)	
(Address of Facility)	
Type of Facility	
Assisted living (ambulatory) Assisted living (not	nambulatory)
Child day care Adult day care (ambulatory)	dult day care (nonambulatory)
Other (specify)	
Number of persons being cared for:	
SECTION II (to be completed by local building department or other authority responsible for USBC enforcement)	
Based on a review of our records and/or evaluation, the proposed	I use complies with the USBC.
Based on a review of our records and/or evaluation, the proposed which needs to be addressed with the Building Department before	
Use Group Classification (if known)	. <u></u>
Date: Signature of official:	
Name of official (printed):	
Telephone number or contact information for official:	