

## REQUEST FOR APARTMENT ADDITION OR DELETION AND WAIVERS (revised 7/2021)

***This form must be submitted before OMH will take any action related to the request. Please send the request form to your local OMH Field Office.***

### SECTION A: FACILITY IDENTIFYING INFORMATION

1. Agency name:
2. Program name:
3. Program address:
4. Operating Certificate #:
5. Requestor's name: Title:
6. Phone:
7. Date submitted:

Proposed addition effective date:

Proposed deletion effective date:

### SECTION B: TYPE OF APPROVAL

(Check the appropriate boxes below and complete the additional indicated sections and subsections).

1. Initial site for certification. (complete Section C: 1 & 2(b); Section D; and Attachment 1)
2. New apartment to be added to existing program. (complete Section C: 1 & 2(b); Section D; and Attachment 1)
3. Existing apartment to be deleted from program. (complete Section C: 1 & 2(a))
4. Apartment capacity increase. (complete Section C: 1 & 2(a); Section D; and Attachment 1)
5. Apartment capacity decrease. (complete Section C: 1 & 2(a))
6. Transfer apt. from one program to another program within the agency. (Complete Sect. C: 1, 2(a) & 3)
7. Waiver request. (complete Attachment 2)
8. Other:



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### SECTION D:

(Check all items that apply to your request. Where applicable, be sure to submit all documents that have been selected.)

1. Lease:                    signed                    unsigned

Please note: In accordance with Part 551.10(d) 'If the premises are to be leased but not owned by the applicant, the applicant shall identify the owners of the premises and, if the owner is a corporation, include the names of all incorporators and directors. The lease or proposed lease shall include the following language: "The landlord acknowledges that rights of reentry into the premises set forth in this lease do not confer on the landlord the authority to operate on the premises a facility for the mentally disabled, as defined in Article 1 of the Mental Hygiene Law."

2. Will the apartment be part of a mental health program that comprises the entire residential occupancy of a building, or for which the sponsoring agency or other Office of Mental Health approved entity otherwise controls the entirety of the building?

Yes                    No

If you have answered 'yes' to the above, complete Section E.

3. Property cost increase?                    Yes                    No

Amount of increase: \$

Rent for proposed apartment: \$

*OMH will inform the agency if any further action is required related to property costs.*

4. Floor Plan: Attach a floor plan of the proposed apartment, or use the space on Page 5, Attachment 1 to sketch a floor plan

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### **SECTION E:**

(Check all items that apply to your request. Where applicable, be sure to submit all documents that have been selected.)

1. Are any bedroom windows designated as escape windows?          **Yes**          **No**

Clear opening width (in.):                                                  (NYS min. 20", NYC min. 24")

Clear opening height (in.):                                                (NYS min. 24", NYC min. 30")

Clear opening area:

(NYS min. 5.7 sq. ft., NYC min. 6 sq. ft. NYS and NYC allow 5 sq. ft. opening at grade level (usually 1st floor)) Meeting minimum opening requirements for width and height does not ensure meeting the clear opening area. Please be sure to calculate this area.

Height from bottom of window sill to floor:                                  (NYS max. 44", NYC max. 36")

Housing built prior to 2000 does not have to meet the 5.7 sq. ft. and the clear openings noted above. However, no matter when home was constructed all residences must have, at minimum, a 4 sq. ft. opening with a minimum clear opening of 18" wide and 24" high.

Clear opening measurements are taken when the window is fully opened. This measurement is NOT the overall size of the window, but is just the open space created when a window is in an open position.

Clear opening area in square feet can be calculated by multiplying the width (in inches) by the length (in inches) and then dividing by 144.

“Emergency escape and rescue opening” is defined as an operable window, door or similar device that does not require tools to open, providing a means of escape and access for rescue in the event of an emergency. Tools may be required to remove guards on windows in high rise buildings where code requires windows to have child safety guards.

For scattered-site apartments, or those apartments that do not require compliance with NFPA 101 Life Safety Code (LSC), a floor plan is still required that indicates the location of all smoke detectors, carbon monoxide detectors and fire extinguishers for every level of the apartment.

For those apartments that do require compliance with LSC, verify that there are two means of escape from every sleeping room. The door to the room is usually the primary means of escape.

2. The following document is enclosed:

Certificate of Occupancy

Documentation in lieu of Certificate of Occupancy

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## Attachment 1: Floor Plan for Apartment

Submit a floor plan of the apartment for each level, identify all windows and doors, label each room (living room, kitchen etc.) and sleeping areas including room dimensions. **Indicate the location of all smoke detectors, carbon monoxide detectors and fire extinguishers for every level of the apartment.** The floor plan does not have to be drawn to scale. Show two routes of escape from every bedroom. Code compliant windows may be used as a second means of escape or rescue.

Indicate the floor level:	Basement	1st Floor	2nd Floor	3rd Floor	Above 3rd (indicate floor #)
Does the building have a sprinkler system?			Yes	No	
Does the building have an integrated fire alarm system throughout?				Yes	No

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### Attachment 2: Apartment Waiver Request Form

#### Identify waiver(s) requested:

##### Bedroom size

Actual bedroom width (ft.):

Actual bedroom length (ft.):

Actual bedroom area (sq. ft.):

Number of beds in bedroom:

*(90 sq. ft. for single bedded room and 150 sq. ft. for 2 bedded room are required.*

*A waiver of less than 76 sq. ft. for a single or 127 sq. ft. for a double will not be considered.)*

Window opening (A waiver of less than 4 sq. ft. will not be considered)

*(In NY State 20" wide by 24" high with a minimum of 5.7 sq. ft. or in NY City 24" wide by 30" high with a minimum of 6 sq. ft. Both NYS and NYC allow opening of 5 sq. ft. at ground level)*

Bedroom window location:

*(example: 1st floor front bedroom window)*

Number of beds in room (2 beds maximum per bedroom):

Actual window opening width (in.):

Actual window opening length (in.):

Actual window opening area (sq. ft.):

Support space per resident

*(Includes living room, dining room, kitchen, lounge areas, and activity spaces. Does not include bedrooms and bathrooms.)*

Number of apartment residents:

Square feet required: *(55 sq. ft. per person)*

Actual square feet available:

*(This measurement is the actual support space available, listed in square feet.)*

Other: