

REQUEST FOR APARTMENT ADDITION OR DELETION AND WAIVERS (revised 2/2011)

SECTION C: SITE SPECIFIC IDENTIFYING INFORMATION (continued)

2. (a) Existing apartment address: (#, Street, Apt. #, city, zip)

(b) New apartment address: (#, Street, Apt. #, city, zip)

3. Transfer of apartment between licensed apartment programs:

From: Program Name:

Apartment OC#

To: Program Name:

Apartment OC#

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 N/A (not applicable)

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. Property cost increase? Yes No

Amount of Increase: \$

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

3. Floor plan: Yes No N/A (not applicable)

If yes, please complete floor plan (Attachment 1).

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SECTION D (continued):

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

4. 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))

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,

5. The following document is enclosed:

Certificate of Occupancy Documentation in lieu of Certificate of Occupancy

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Attachment 2: Apartment Waiver Request Form

a) 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.): *(This is the clear space made when a window is fully opened.)*

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 required)

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

Other:

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b) Complete the following for all waiver requests:

1) Identify any compensatory or other existing features of the building which would reduce the impact of this waiver:

(example: building has interconnected alarm, two separate exits directly off apartment hallway)

2) Describe the resident population of the apartment in terms of medical and supervisory needs:

(example: has trouble walking, requires minimal supervision)

3) Justify why completion of renovations required to be compliant with regulations would not be practical. *(example: window replacement cost of \$3,000)*

Estimated renovation costs to meet regulatory requirements: \$