

**ORDINANCE NO. 21-3398**

AN ORDINANCE GRANTING A CONDITIONAL USE PERMIT TO ALLOW A CHILDCARE FACILITY TO PROVIDE CARE FOR THIRTEEN (13) OR MORE CHILDREN WITHIN THE R-3 RESIDENTIAL ZONED DISTRICT AT A LOCATION GENERALLY DESCRIBED AS 121 NE 5<sup>TH</sup> ST., IN THE CITY OF ABILENE, KANSAS.

**WHEREAS**, the Planning Commission reviewed a request by Cornerstone Childcare Center Corp to allow a childcare facility to provide care for thirteen (13) or more children within the R-3 residential zoned district at a location generally described as 121 NE 5<sup>th</sup> St., in Abilene, Kansas; and

**WHEREAS**, the Planning Commission conducted a public hearing pursuant to Article 26 of the Zoning Regulations on April 6, 2021, after proper notice was given; and

**WHEREAS**, after public comments were received, the Planning Commission recommended approval with a vote of 4-0 of the conditional use permit.

**NOW THEREFORE, BE IT ORDAINED**, by the Governing Body of the City of Abilene, as follows:

**Section 1. Conditional Use Permit.** A conditional use permit is hereby granted to Cornerstone Childcare Center Corp for approval to provide care to thirteen (13) or more children in the childcare facility on the property commonly known as 121 NE 5<sup>th</sup> St., in Abilene, Kansas and legally described as follows:

KUNEY AND HODGES ADDITION, S16, T13, R02, BLOCK 25, Lot 22 - 26, INC E 10' LOT 21, LESS R/W IN THE CITY OF ABILENE, DICKINSON COUNTY, KANSAS.  
PARCEL ID: 0211151604015012000

all as generally described in the conditional use permit application attached hereto as Exhibit A. The conditional use permit shall not be limited in time, subject to compliance with the conditions set forth in Section 2 below.

**Section 2. Permit Conditions.** Pursuant to the Zoning Regulations, the Planning Commission may impose, and the City Commission may approve, reasonable conditions on the approval of a conditional use permit. The following conditions as imposed by the Planning Commission are approved by the City Commission:

1. The childcare facility shall comply with all applicable building codes, fire marshal regulations, and state childcare facility licensing regulations.

**Section 3. Certified Copy.** A certified copy of this Ordinance signed by the City Clerk for the City of Abilene, Kansas, shall be recorded against the subject property legally described above, in the Office of the Register of Deeds, Dickinson County, Kansas.

**Section 4. Effective Date.** This Ordinance shall be in full force and effect from and after its adoption and publication once in the official newspaper by the following summary:

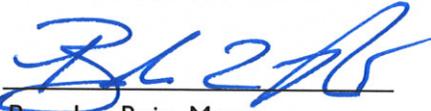
Ordinance No. 21-3398 Summary

On April 26, 2021, the City Commission passed Ordinance No. 21-3398. The Ordinance grants a conditional use permit to allow the Cornerstone Childcare Center Corp to provide care for thirteen (13) or more children within the R-3 residential zoned district at a location generally described as 121 NE 5<sup>th</sup> St., in Abilene, Kansas. A complete copy of the ordinance is available online at [www.abilenecityhall.com](http://www.abilenecityhall.com) or in the office of the City Clerk, 419 N. Broadway St. in Abilene, Kansas, free of charge. This summary is certified by the City's legal counsel.

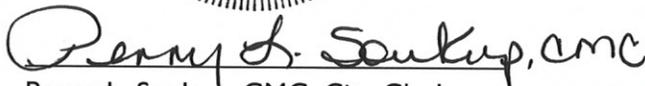
**PASSED AND APPROVED** by the Governing Body of the City of Abilene, Kansas on this 26th day of April, 2021.



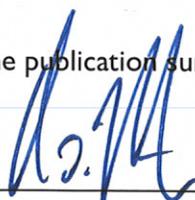
CITY OF ABILENE, KANSAS

By:   
Brandon Rein, Mayor

ATTEST:

  
Penny L. Soukup, CMC, City Clerk

The publication summary set forth above is certified this 26th day of April, 2021.

  
Aaron O. Martin, City Attorney

**CITY OF ABILENE, KANSAS**  
**DEVELOPMENT APPROVAL APPLICATION FORM**

419 N. Broadway · Abilene, Kansas 67410 · Tel: (785) 263-2355 · Fax: (785) 263-2552 · www.abilenechall.com

**INSTRUCTIONS:** This Application and all required fees and information must be submitted in accordance with the Code of the City of Abilene and the City of Abilene Zoning and Subdivision Regulations. All information requested in this application must be provided and answered completely.

<b>PART I: TO BE COMPLETED BY APPLICANT</b>		
<b>APPLICATION INFORMATION</b>		
<b>APPLICATION FOR (CHECK APPROPRIATE BOX):</b>		
<input type="checkbox"/> ADMINISTRATIVE APPEAL <input type="checkbox"/> ANNEXATION <input type="checkbox"/> CERTIFICATE OF APPROPRIATENESS <input type="checkbox"/> COMPREHENSIVE PLAN AMENDMENT <input checked="" type="checkbox"/> CONDITIONAL USE PERMIT <input type="checkbox"/> DEVELOPMENT CODE AMENDMENT <input type="checkbox"/> FINAL PLAT <input type="checkbox"/> HOME OCCUPATION PERMIT <input type="checkbox"/> LANDMARK DESIGNATION	<input type="checkbox"/> LOT SPLIT <input type="checkbox"/> NON-CONFORMING USE CERTIFICATE <input type="checkbox"/> PRELIMINARY PLAT <input type="checkbox"/> PLANNED DEVELOPMENT <input type="checkbox"/> REPLAT <input type="checkbox"/> REZONING / ZONING MAP AMENDMENT <input type="checkbox"/> SITE PLAN <input type="checkbox"/> VACATION (PLAT, STREET, EASEMENT) <input type="checkbox"/> VARIANCE	<b>FOR OFFICIAL USE ONLY</b>  Appn Number: <u>PC21-041</u> Date Received: <u>2/19/21</u> Received By: <u>KR</u>
<b>BRIEF DESCRIPTION OF APPLICATION PURPOSE:</b>		
<u>Daycare Center</u> <u>to provide childcare for the community</u>		
<b>APPLICANT INFORMATION</b>		
<b>APPLICANT/AGENT (If Not Property Owner):</b>		
Name: <u>Sally Holley</u>		Tel: <u>(785) 280-0962</u>
Business Name: <u>Cornerstone Childcare Center Corp</u>		Fax: ( )
Address: <u>121 NE 5th St.</u>		
City: <u>Abilene</u>	State: <u>Ks</u>	Zip Code: <u>67410</u>
E-mail: <u>cornerstonechildcarecenter2019@gmail.com</u>		
<b>PROPERTY OWNER (If Different from Applicant/Agent):</b>		
Name: _____		Tel: ( )
Business Name: _____		Fax: ( )
Address: _____		
City: _____	State: _____	Zip Code: _____
E-mail: _____		
<b>ENGINEER/ARCHITECT/SURVEYOR:</b>		
Name: <u>Travis Stearns</u>		Tel: <u>(785) 263-2552</u>
Business Name: <u>City Inspector</u>		Fax: ( )
Address: <u>P.O. Box 519</u>		
City: <u>Abilene</u>	State: <u>Ks</u>	Zip Code: <u>67410</u>
E-mail: <u>travis@abilenecityhall.com</u>		

PROPERTY INFORMATION

PROPERTY ADDRESS OR GENERAL LOCATION (IN RELATION TO NEAREST STREETS):

121 N 5th St. Abilene KS 67410

PROPERTY TAX IDENTIFICATION NUMBER:

001-1151604015012000

ZONING: Existing:

R-3

Proposed:

LAND USE: Existing:

Proposed:

GROSS SIZE OF PLAT/LOT:

Residential: 24,467

Commercial: X

Industrial: \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

NUMBER OF LOTS:

Residential: \_\_\_\_\_

Commercial: \_\_\_\_\_

Industrial: \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

IMPROVEMENT CHARACTERISTICS:

Number of Buildings or Structures: \_\_\_\_\_

Total Building Area: \_\_\_\_\_

Maximum Height of Buildings or Structures: \_\_\_\_\_

Total Impervious Area: \_\_\_\_\_

EXISTING PUBLIC FACILITIES:

Public Private Other (Describe)

Water Service:

Wastewater Service:

Roadway Access:

FLOODPLAIN INFORMATION:

Floodway:  Yes  No

No

FIRM Map-Panel Number: \_\_\_\_\_

Floodway Fringe:  Yes  No

No

Zone: X

ARE ANY OTHER PERMITS OR DEVELOPMENT APPROVALS REQUIRED, APPLIED FOR OR RECEIVED FOR THE APPLICATION PROPERTY BY THE CITY OR ANY OTHER JURISDICTION OR AGENCY?

Yes  No If Yes, Describe Briefly and Attach a Copy of Each Permit, Approval or Application

APPLICANT/PROPERTY OWNER CERTIFICATION\*

I/we acknowledge receipt of the instruction sheet explaining the method of submitting this application. I/we realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. I/we further certify that the foregoing information is true and correct to the best of our knowledge. I/we acknowledge that the City of Abilene Planning Commission, Board of Zoning Appeals or City Commission shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

[Signature]

Applicant Signature

Feb 17, 2021  
Date

[Signature]

Property Owner Signature

Feb 17 2021  
Date

\* This Application must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name

12/15/20 10/31/21 2/19/21 4/6/21 7/27/21 10/7/21

**PART II - TO BE COMPLETED BY STAFF**

**DOCUMENTS TO BE SUBMITTED WITH APPLICATION\*\***

- Copy of Deed
- Site Plan
- Infrastructure Plans
- Elevation Survey
- Performance Agreement
- Text Amendment Language
- Annexation Boundary Map
- Variance Justification
- Easements and Covenants
- Preliminary Plat
- Development Agreement
- Traffic Impact Study
- Proof of Notification
- Property Owner List
- Operating Characteristics Report
- Other \_\_\_\_\_
- Location Map
- Final Plat
- Grading and Stormwater Plans
- Construction Plans
- Utility Plans
- Comprehensive Plan Amendment Justification
- Administrative Appeal Justification

Additional document requirements provided to applicant on \_\_\_\_\_. The applicant is advised that the application is not accepted for public review until such time as the above identified documents are submitted and a Determination of Complete Application is certified.

Keri Zook

Name

Planning & Zoning Administrator

Title

Keri Zook

Signature

2/19/21

Date

\*\* Number of copies for submission determined by Zoning Administrator. The Zoning Administrator may request additional information as deemed necessary to properly evaluate the permit application.

**APPLICATION REVIEW**

DECISION-MAKING BODY:  Staff  Planning Commission  Board of Zoning Appeals  City Commission  
 Heritage Commission  Other (specify):

DATE OF INITIAL HEARING(S): 4/6/21

FEE AMOUNT: \$ 200 -  
CHKA 4463

DATE FEE PAID: 2/19/21

**DETERMINATION OF COMPLETE APPLICATION:**

I certify that the Development Approval Application and attached documents are sufficient in form and content for review and recommendation by the decision-making bodies of the City of Abilene. As such, all required notifications and hearings may proceed pursuant to City regulations and procedures. This certification does not preclude the review, recommendation and/or decision-making bodies from requesting additional information as deemed necessary to serve the public interest.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title



# Dickinson County Kansas

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## RMIS Detail Results for Instrument D264-194

[Print Friendly Version](#)

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### General Information

Instrument Type	Book-Page:	Mortgage #:	Indebtedness	Reception Date	Pages	Date Signed	Doc Date	Return Date
WARRANTY DEED	D264-194		\$0.00	5/29/2020	2	05/28/2020	05/28/2020	06/01/2020

### Party Information

Party Type	Name
Grantor	COMMUNITY BIBLE CHURCH OF ABILENE INC
Grantee	CORNERSTONE CHILDCARE CENTER CORP

### Platted Parcel Information

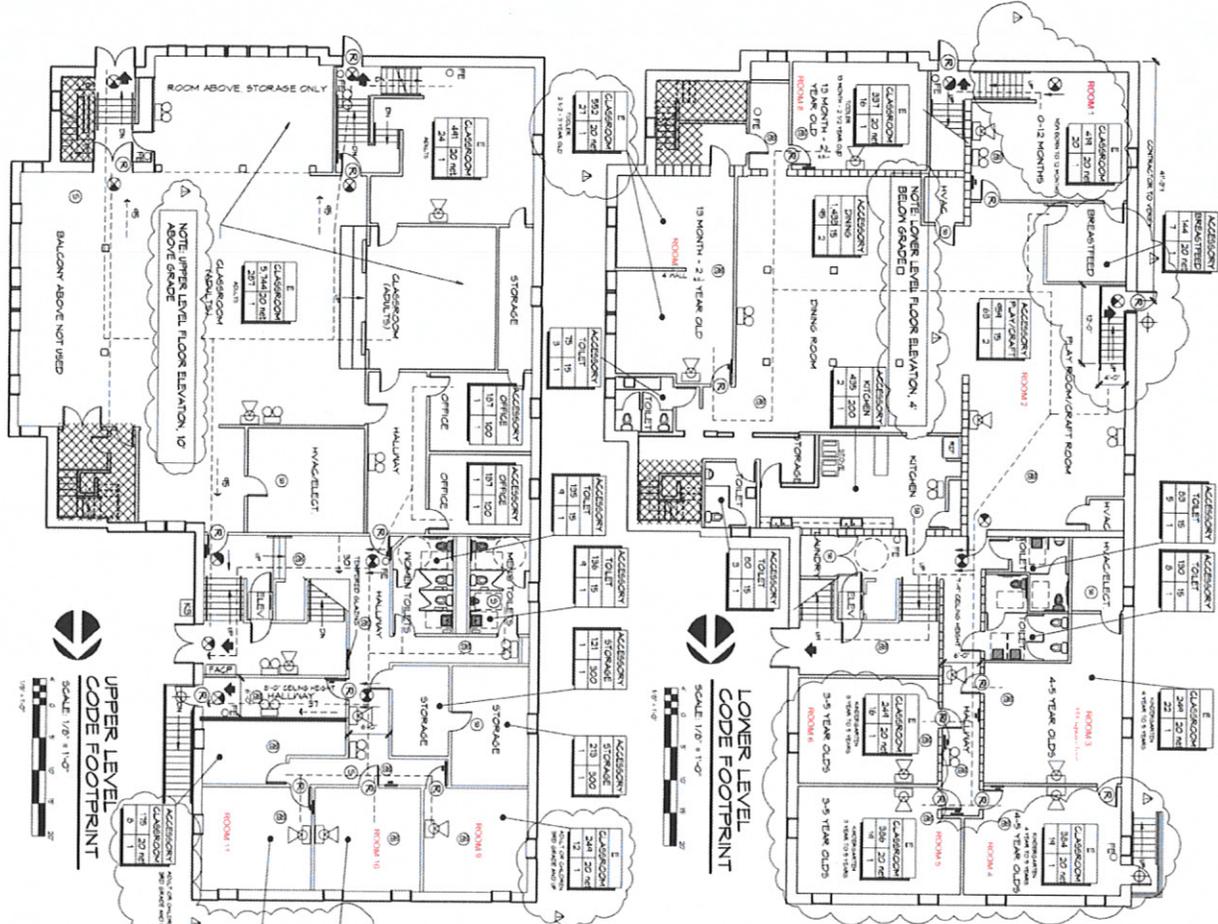
Plat Code	Lot	Thru Lot	Block	Parcel	Note	Consideration	Control No.	Key No.	Pin No.	Metes & Bounds
KUNEY & HODGES ADDITION	1	2	25	1151604015001000	NOAH parking lot				1151604015001000	LOTS ONE (1) AND TWO (2), BLOCK TWENTY-FIVE (25), LOTS TWENTY-FOUR, TWENTY-FIVE (25) AND TWENTY-SIX (25), BLOCK TWENTY-FIVE (25), AND LOTS TWELVE (12) AND THIRTEEN (13) BLOCK TWENTY-FOUR (24), ALL IN KUNEY AND HODGE'S ADDITION TO THE CITY OF ABILENE, DICKINSON COUNTY, KANSAS .
KUNEY & HODGES ADDITION	24	26	25	1151604015012000	facility				1151604015012000	LOTS ONE (1) AND TWO (2), BLOCK TWENTY-FIVE (25), LOTS TWENTY-FOUR, TWENTY-FIVE (25) AND TWENTY-SIX (25), BLOCK TWENTY-FIVE (25), AND LOTS TWELVE (12) AND THIRTEEN (13) BLOCK TWENTY-FOUR (24), ALL IN KUNEY AND HODGE'S ADDITION TO THE CITY OF ABILENE, DICKINSON COUNTY, KANSAS .
KUNEY & HODGES ADDITION	12	13	24	1151604014006000	NE parking lot				1151604014006000	LOTS ONE (1) AND TWO (2), BLOCK TWENTY-FIVE (25), LOTS TWENTY-FOUR, TWENTY-FIVE (25) AND TWENTY-SIX (25), BLOCK TWENTY-FIVE (25), AND LOTS TWELVE (12) AND THIRTEEN (13) BLOCK TWENTY-FOUR (24), ALL IN KUNEY AND HODGE'S ADDITION TO THE CITY OF ABILENE, DICKINSON COUNTY, KANSAS .

### Return Address

Return Address	Comments
FIRST AMERICAN TITLE-ABILENE 315 N BROADWAY ABILENE, KS 67410	

This index information is for search purposes only. You may request a copy or certified copy of any document listed from the Register of Deeds Office.





**PROJECT INFORMATION**

OWNER: CORNERSTONE CHILDCARE CENTER CORP  
 PROJECT: FACILITY IMPROVEMENTS  
 LOCATION: 121 NE 5TH STREET, ABILENE, KS 67410

**DESIGN CODES:**

(1) PROJECT CONSTRUCTION PERIOD: D CONSTRUCTION  
 (2) CONSTRUCTION PERIOD: D CONSTRUCTION  
 (3) DESIGN FOR SUBMITTAL: D CONSTRUCTION  
 (4) BUILDING LOCATION: D CONSTRUCTION

**DESIGN CODES:**

(1) PROJECT CONSTRUCTION PERIOD: D CONSTRUCTION  
 (2) CONSTRUCTION PERIOD: D CONSTRUCTION  
 (3) DESIGN FOR SUBMITTAL: D CONSTRUCTION  
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 (3) DESIGN FOR SUBMITTAL: D CONSTRUCTION  
 (4) BUILDING LOCATION: D CONSTRUCTION

**NOTES:**

(1) ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE IBC, IBCS, AND ALL APPLICABLE LOCAL, STATE, AND FEDERAL CODES AND REGULATIONS.

(2) ALL MATERIALS AND METHODS SHALL BE APPROVED BY THE ARCHITECT PRIOR TO CONSTRUCTION.

(3) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE, AND FEDERAL AUTHORITIES.

(4) THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES.

(5) ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.

(6) THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.

(7) ALL WORK SHALL BE COMPLETED IN ACCORDANCE WITH THE SPECIFICATIONS AND DRAWINGS.

(8) THE CONTRACTOR SHALL MAINTAIN A SAFE WORKING ENVIRONMENT AT ALL TIMES.

(9) ALL MATERIALS AND METHODS SHALL BE APPROVED BY THE ARCHITECT PRIOR TO CONSTRUCTION.

(10) THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE, AND FEDERAL AUTHORITIES.

(11) THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES.

(12) ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.

(13) THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL EXISTING UTILITIES AND STRUCTURES.

(14) ALL WORK SHALL BE COMPLETED IN ACCORDANCE WITH THE SPECIFICATIONS AND DRAWINGS.

(15) THE CONTRACTOR SHALL MAINTAIN A SAFE WORKING ENVIRONMENT AT ALL TIMES.

**UPPER LEVEL CODE FOOTPRINT**  
 SCALE: 1/8" = 1'-0"

**LOWER LEVEL CODE FOOTPRINT**  
 SCALE: 1/8" = 1'-0"

**LEGEND:**

Occupancy Group: CLASSROOM, OFFICE, STORAGE, HALLWAY, TOILET, KITCHEN, DINING ROOM, BREAK ROOM, PLAY ROOM, GYM, MEETING ROOM, CONFERENCE ROOM, STORAGE ABOVE GRADE, BALCONY ABOVE GRADE, ROOM ABOVE STORAGE ONLY.

Room Numbers: ROOM 1, ROOM 2, ROOM 3, ROOM 4, ROOM 5, ROOM 6, ROOM 7, ROOM 8, ROOM 9, ROOM 10, ROOM 11, ROOM 12, ROOM 13, ROOM 14, ROOM 15, ROOM 16, ROOM 17, ROOM 18, ROOM 19, ROOM 20, ROOM 21, ROOM 22, ROOM 23, ROOM 24, ROOM 25, ROOM 26, ROOM 27, ROOM 28, ROOM 29, ROOM 30, ROOM 31, ROOM 32, ROOM 33, ROOM 34, ROOM 35, ROOM 36, ROOM 37, ROOM 38, ROOM 39, ROOM 40, ROOM 41, ROOM 42, ROOM 43, ROOM 44, ROOM 45, ROOM 46, ROOM 47, ROOM 48, ROOM 49, ROOM 50, ROOM 51, ROOM 52, ROOM 53, ROOM 54, ROOM 55, ROOM 56, ROOM 57, ROOM 58, ROOM 59, ROOM 60, ROOM 61, ROOM 62, ROOM 63, ROOM 64, ROOM 65, ROOM 66, ROOM 67, ROOM 68, ROOM 69, ROOM 70, ROOM 71, ROOM 72, ROOM 73, ROOM 74, ROOM 75, ROOM 76, ROOM 77, ROOM 78, ROOM 79, ROOM 80, ROOM 81, ROOM 82, ROOM 83, ROOM 84, ROOM 85, ROOM 86, ROOM 87, ROOM 88, ROOM 89, ROOM 90, ROOM 91, ROOM 92, ROOM 93, ROOM 94, ROOM 95, ROOM 96, ROOM 97, ROOM 98, ROOM 99, ROOM 100.

**LEGEND:**

Occupancy Group: CLASSROOM, OFFICE, STORAGE, HALLWAY, TOILET, KITCHEN, DINING ROOM, BREAK ROOM, PLAY ROOM, GYM, MEETING ROOM, CONFERENCE ROOM, STORAGE ABOVE GRADE, BALCONY ABOVE GRADE, ROOM ABOVE STORAGE ONLY.

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**Architectural & Construction Services**

121 NE 5TH STREET  
 ABILENE, KS 67410  
 316-333-1111

Sheet No. **C1**

**FACILITY IMPROVEMENTS**  
**CORNERSTONE CHILDCARE CENTER CORP**  
 121 NE 5TH STREET  
 ABILENE, KANSAS 67410

Scale: 1/8" = 1'-0"

**DATE:** 06 July 2020  
**PROJECT:** 121 NE 5TH STREET  
**DESIGNER:** [Signature]  
**CHECKED BY:** [Signature]  
**DATE:** 06 July 2020

State Fire Marshal  
800 SW Jackson  
Suite 104  
Topeka, KS 66612-1216  
PLAN REVIEW APPROVED - ICC

Friday July 31, 2020

CORNERSTONE CHILDCARE CENTER CORP  
121 NE 5TH ST  
ABILENE, KS 67410

We have completed a review of the design submittal received on Friday July 31, 2020

The design submittal appears to be in compliance with the fire and life safety provisions of the Kansas Fire Prevention Code thus allowing the construction and/or installation work to commence. Submittal acceptance subject to comments listed below.

Plan reviews by the Kansas State Fire Marshal are cursory in nature, and compliance to the appropriate standards is expected. Comments provided by other reviewing parties or authorities having jurisdiction shall be acknowledged. Any omission of requirements on submitted plans or any omission during plan review shall in no way authorize any violation of applicable requirements under the Kansas Fire Prevention Code. Acceptance of design submittal shall not be construed to be an acceptance of items that do not conform to Kansas Fire Prevention Code.

Construction and/or work zones shall be separated from occupied areas by one-hour rated construction (or smoke resistive if sprinkler system is maintained on both sides of separation), per OSFM guidelines. Any temporary egress must be approved by OSFM. Additionally, the OSFM has the authority to verify at any time that construction and/or installation work complies with the accepted plans and state-adopted regulations.

Each project will require an inspection at 50% completion. A request for inspection must be made to the licensing agency at least 30-days before the 50% milestone. Fire Protection System shall adhere to the engineered drawings, manufacturer requirements/listings, and the appropriate Codes and Standards. The responsible contractor shall leave a copy at the facility of the final test report verifying that the installed fire protection system is in proper and compliant working condition. The completed fire protection system installation is subject to verification by OSFM. If changes are required in construction, separation to occupied spaces, or temporary egress, these changes must be approved, in writing, by OSFM. All work on the project shall stop until an approval is obtained. If the project, at any point, cannot maintain the required separation or causes any impairment to any fire protection system, the OSFM must be notified and the facility must perform a fire watch until the conditions are corrected. Failure to comply with these requirements could result in significant penalties including citation of Immediate Jeopardy or the issuance of an order to cease and desist.

Fire alarm, automatic suppression systems, and other extinguishing system plans must be submitted separately for review and approval, before final inspection. Final inspection and referral to licensing agency are required prior to final occupancy. The Office of the State Fire Marshal has reviewed these plans for compliance with the applicable codes and standards.

State and local licensing agencies may impose additional requirements.

07/31/2020 11:35:31 AM Jesse Floyd

CODE FOOTPRINT APPROVED AS NOTED:

ROOM 1 APPROVED FOR 17 TOTAL OCCUPANTS OF ANY AGE.  
ROOM 2 APPROVED FOR 64 TOTAL OCCUPANTS OF ANY AGE.  
ROOM 3 APPROVED FOR 22 TOTAL OCCUPANTS 2 1/2 YEARS OF AGE AND OLDER.  
ROOM 4 APPROVED FOR 19 TOTAL OCCUPANTS OF ANY AGE.  
ROOM 5 APPROVED FOR 19 TOTAL OCCUPANTS 2 1/2 YEARS OF AGE AND OLDER.  
ROOM 6 APPROVED FOR 16 TOTAL OCCUPANTS 2 1/2 YEARS OF AGE AND OLDER.  
ROOM 7 APPROVED FOR 27 TOTAL OCCUPANTS 2 1/2 YEARS OF AGE AND OLDER.  
ROOM 8 APPROVED FOR 16 TOTAL OCCUPANTS 2 1/2 YEARS OF AGE AND OLDER.