



**DPS**

**Montgomery County  
Department of Permitting Services**



255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, MD 20850-4166  
Phone: 311 in Montgomery County or (240)777-0311  
Fax: (240)777-6262  
<http://www.montgomerycountymd.gov/permittingservices>

**Certification of Ambulatory Health Care Facility Status**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Building Application Number (AP#) \_\_\_\_\_

**TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE MEDICAL INSTITUTION**

This certification request is part of a building permit submittal and is used to help determine the classification of medical facilities. Each category must be initial "does provide" or "does not provide". Incomplete applications may delay the application review process. **The project architect or engineer may not complete this form.**

**IBC – International Building Code. Ambulatory Care Facility**

INITIAL		SERVICE
DOES PROVIDE	DOES NOT PROVIDE	Please indicate if the following will or will not be provided at this facility:
		Services to patients that because of the age of the individual cannot respond as an individual to an emergency situation.
		Services to patients with physical or mental limitations that because of the treatment or the physical or mental limitations cannot respond as an individual to an emergency situation.
		Services to patients with a chemical dependency that because of the treatment or the chemical dependency cannot respond as an individual to an emergency situation.
		Medical treatment that renders the patients unable to respond as an individual to an emergency situation.

**NFPA 101 – Life Safety Code. Ambulatory Health Care**

		Treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.
		Anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others.
		Emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of other.

I certify that the information I have provided is true and understand that changes pertaining to services, which may render patients incapable of self-preservation, require review by the Montgomery County Department of Permitting Services prior to implementation of those changes. I understand that false information provided on this certification may result in revocation of Use and Occupancy approval.

Name (print) of Authorized Representative \_\_\_\_\_ Signature \_\_\_\_\_  
Title \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Date \_\_\_\_\_