

Facility Capacity Work Sheet

Name of Facility	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/> NE

Bed Capacity Limitation Summary:

(Include information for the entire facility located on the premise licensed)

Zoning Limit	<input type="text"/>		<input type="text"/>
Dining Space Limit	<input type="text"/>	square ft divided by 20	<input type="text"/>
Activity Space Limit	NA	square ft divided by	<input type="text"/>
Bathing Fixture Limit	<input type="text"/>	times 8	<input type="text"/>
Toilet Fixture Limit	<input type="text"/>	times 4	<input type="text"/>
Room Space Limit	<input type="text"/>	number from page 2	
	<input type="text"/>	number from page 3	
	<input type="text"/>	number from page 4	
		Total	<input type="text"/>

Comments regarding Bed Capacity Limitations:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Architect Signature		Date

