

DAY CARE/FAMILY CARE APPLICATION**Permit#** _____

NOTE: DAY CARE FACILITY OR FAMILY CARE FACILITY REQUIRES CONDITIONAL USE AND SITE PLAN APPROVALS. ATTACH A SITE PLAN.CONDITIONAL USE CHECKLIST

Property description (address) for application _____

General information

Applicant _____ Day phone# _____

Address _____

Owner of record (attach affidavit if not applicant)

Name _____ Day Phone# _____

Address _____

Applicant's agent (s)

Name _____ Day phone # _____

Address _____

Property information

Zoning District _____ Current Land Use _____ Tax Map page # _____ Lot # _____

Describe type of facility: _____

Maximum # of clients at one time _____

Number of parking spaces to be provided _____

Hours of operation: From _____ to _____

Specify days/week facility to be open: _____

Estimated volume of water to be used: _____

Current gal./per day+ _____

Additional gal./day = _____ Total gal./day _____

FAMILY CARE FACILITY: Attach a site plan drawn to scale showing parking, circulation, loading facilities, existing structures, driveways, abutting streets and drives with setbacks to all property lines.

DAY CARE FACILITY: Attach a site plan drawn to scale showing parking, circulation, loading facilities, play space, fencing, existing structures, driveways, abutting streets and drives with setbacks to all property lines.

I certify that the information on this application is true and correct. I agree to abide by all the rules and regulations as specified in the Land Development Code. I further agree to abide by any conditions placed upon approval of this application.

Applicant_____
Date_____
Landowner (if different)_____
Date**Staff Action**

Date received _____ Approved _____ denied _____

Meeting Date _____

Commission/board action _____

Date _____

Other approvals/conditions _____

**** Fee based on s.f. of improved area per current Fee Schedule**_____
Staff signature_____
DateFee Amount:
**

Fee Verified _____