

**City of Essex Junction, VT**  
**Day Care/Family Care Application**

For Office Use:  
**Permit #**

**NOTE: DAY CARE FACILITY AND FAMILY CARE FACILITY REQUIRES SITE PLAN APPROVALS. FAMILY CARE FACILITIES REQUIRE BOTH SITE PLAN AND CONDITIONAL USE APPROVA. ATTACH A SITE PLAN.CONDITIONAL USE CHECKLIST**

Property description (address) for application

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**General Information**

Applicant \_\_\_\_\_ Day Phone# \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

**Owner of Record (attach affidavit if not applicant)**

Name \_\_\_\_\_ Day Phone# \_\_\_\_\_

Address \_\_\_\_\_

**Applicant's agents**

Name \_\_\_\_\_ Day Phone# \_\_\_\_\_

Address \_\_\_\_\_

**Property information**

Zoning District \_\_\_\_\_ Current Use \_\_\_\_\_

Tax Map Page # \_\_\_\_\_ Lot # \_\_\_\_\_

Describe type of facility: \_\_\_\_\_

Maximum # of clients at one time \_\_\_\_\_ Parking spaces to be provided: \_\_\_\_\_

Hours of operation: From \_\_\_\_\_ to \_\_\_\_\_ 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.

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\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landowner (if different)

\_\_\_\_\_  
Date



**Staff Action**

Date received: \_\_\_\_\_

Meeting date: \_\_\_\_\_

Board Action    Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date: \_\_\_\_\_

Other approvals/conditions: \_\_\_\_\_

**\*\* Fee based on sq.ft. of improved area per current Fee Schedule**

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Fee Amount: **
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Fee Verified:
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