**CHILD CARE CENTER GUIDE AND APPLICATION**

***APPLICATION CHECKLIST:***

1. Completed **application form**.

2. **Only the owners of the property in question may request the permit**. If someone, other than the owner will be handling the application approval from the owner of said property giving them authority to do so is required.

3. Separate conditional use application, if a conditional use permit is required in the zoning district where the Child Care Center is proposed.

4. Application fee $100.00.

5. A **scaled site plan** shall be included with every application and must include the following information:

* Owner’s Name, address, and telephone number
* North arrow
* Scale
* Accurate shape and dimensions of the lot or site
* Lengths of all property lines
* Roads and rights-of-way labeled, both public and private
* Parking areas, driveway location and any intersection with roads
* Label all existing structures
* Locations and dimensions of all structures and distances of each to property lines

***PROCEDURE:***

1. All Child Care Centers shall be located on a lot large enough to meet city codes and state requirements, and all portions of said lot used for outdoor play space shall be fenced with a fence six (6) feet in height.

2. All Child Care Centers shall meet all city, county, and state health department requirements as to safety, design, facilities, equipment, and other features. The facility shall be operated in a manner that will not adversely affect other properties and uses in the area.

3. All Child Care Centers shall provide one paved parking space for each employee at the center at any one time, plus two additional paved parking spaces.

4. All Child Care Centers shall provide one off-street parking space for the loading and unloading of children.

**CHILD CARE CENTER APPLICATION**

Property Owner

Name/Signature:

Spouse

Name/Signature:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Property Address:

Legal Description:

Zoning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned property owner designates the following agent or attorney to represent the applicant at all hearings:

Name Address City State Phone No.

Property Owner Signature Spouse Signature

Property Owner Mailing Address City State Zip

Phone:\_