



Planning and Development Department

Commercial Daycare/Home Daycare Permit Application

Applicant Name _____ Phone _____ Email _____

Project Address _____ City _____ NC ZIP _____

Subdivision or Project Name _____ Lot Number _____

Project Contact Person _____ Phone _____ Fax _____

Email _____ Contact preference: Phone Fax Email

Property Owner _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Additional Site Instructions _____

PLEASE CHECK OR INDICATE THE BELOW INFORMATION NEEDED TO PROCESS YOUR APPLICATION

OCCUPANCY AND USE INFORMATION

Indicate Type of Occupancy/Use Assisted Living/Group Home Home Day Care

State Licensed: Yes No Check One Classification Type: Residential Home-Care Small Large R-3 R-4 I-4 E

Food Preparation: Yes No If Yes Describe: _____

FIRE INSPECTION INFORMATION

Name of Home/Agency _____

Population Age Range _____ Licensed Capacity _____ Hours of Care _____ Number of Employees _____

Number of Stories _____ Number of Bedrooms _____ Number of Bathrooms _____

Able to Self- Evacuate: Yes No Fire Sprinkler System: Yes No Fire Alarm System: Yes No Smoke Detectors: Yes No

Provide the Following: Sewer Intent to Provide or Septic Document
Floor Plan
Food Service Plan if Applicable (Contact Health Department Food and Lodging)
Owner Lease agreement or Letter (If Home is a Rental)

APPLICANT STATEMENT

I hereby certify that all information in this application is correct and all work will comply with the State Building code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicants Name (print) _____ Signature _____ Date _____