



APPLICATION FOR
DAY CARE HOME

THIS SPACE FOR OFFICE USE ONLY

USE TYPE: (check one) CU PU CU w/SPR PU w/SPR

PROPOSED USE: _____

MAP/ PARCEL NUMBER: _____ DISTRICT: _____ PERMIT NUMBER: _____

REFERENCE OTHER PERMITS: _____

SETBACKS: FRONT: _____ SIDE: _____ SIDE: _____ REAR: _____ VARIANCES: _____

****PROPERTY INFORMATION:** NUMBER OF ACRES _____ OR NUMBER OF SQUARE FEET _____
LOT WIDTH OF THE PROPERTY? _____ FEET** (REQUIRED INFORMATION)

ANY VARIANCES NEEDED: _____

AGENDA DATE (If applicable): _____

RECEIPT NUMBER: _____ AMOUNT: \$ _____ DATE: _____

APPROVED BY: _____ DATE: _____

CONDITIONS OF APPROVAL: _____

PLEASE PRINT

DATE: _____

1. Address of Proposed Use: _____

2. Applicant's Name: _____

2. E-mail address for primary contact (required) _____

PLEASE NOTE: When possible, any correspondence for an agenda item will be by email.

3. Applicant's Mailing Address: P. O. Box or Street Address _____

City _____ State _____ Zip _____

4. Applicant's Daytime Phone: _____ - _____ - _____

5. Property Owner's or Property Manager's Name: _____

PLEASE NOTE: Renters applying for day care homes must obtain written permission from the owner of the property or the property management company before the permit can be issued. Letters from property managers must be on company letterhead and state that they are acting as agent for the owner, using the owner of record's name.

6. Is this application for **NEW CONSTRUCTION**? Yes No

7. On a separate sheet of paper, provide a drawing that shows the following information:

- (A) The shape of the entire lot(s), including the location of streets adjacent to the property.
- (B) The location of all buildings, existing and proposed, including the setbacks of each building from the property lines.
- (C) The location of any streams, creeks, or easements.
- (D) The location of all parking and any outside storage areas.

8. Is this application for **USE IN AN EXISTING STRUCTURE**? Yes No
9. How many **off-street** parking spaces will be provided? _____
10. Is this property on Public Sewer? **or** Septic Tank?
11. Is this your primary residence? Yes No
12. Is your outside play area fenced? Yes No
13. Will you have any employees? Yes No If **YES** , explain: _____

14. Is this property a single family detached dwelling? Yes No
15. What days will you operate? _____ What hours will you operate? _____
16. How many children will be cared for with the proposed day care? _____
17. What is the age range for the children to be cared for? _____
18. Are there any permanent residents at the dwelling under the age of 17? Yes No
If YES, how many? _____
19. Will signage be added or changed on this property? Yes No
20. Is there a creek, stream, or major drainage way on this property? Yes No
21. Is this property or a portion of this property located in an established 100-year flood plain? Yes No

PLEASE READ, SIGN AND DATE

This application does not violate any restrictive covenants applicable to the property and all statements are true to the best of my knowledge and belief. I realize that distances should be exact and if errors result in a violation of zoning regulations, then the structure will have to be removed.

As applicant, I hereby grant permission for Planning and Zoning personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Resolution for Macon-Bibb County, Georgia.

I hereby attest that I am the owner of the referenced property or have permission from the owner to make this application.

SIGNATURE _____ DATE _____

**Please make checks payable to Macon-Bibb County Planning and Zoning Commission
If you have any questions and or concerns, please contact us at info@mbpz.org**