



APPLICATION FOR
DAY CARE CENTER

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 LEGIBLY

DATE: _____

1. Address of Proposed Use: _____

2. Applicant's Name: _____

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

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

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

City _____ State _____ Zip _____

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

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

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

8. If yes, 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.

9. Is this application for **USE IN AN EXISTING STRUCTURE**? Yes No

10. List the building setbacks (distance of house from the property line):
 Front _____ Right side _____ Left side _____ Rear _____
11. How many **off-street** parking spaces will be provided? _____
12. Is this property on Public Sewer? **or** Septic Tank?
13. Is your outside play area fenced? Yes No
14. Will you have any employees? Yes No If **YES** explain: _____

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. Will signage be added or changed on this property? Yes No
19. Is there a creek, stream, or major drainage way on this property? Yes No
20. Is this property or a portion of this property located in an established 100-year flood plain? Yes No

PLEASE NOTE: This application applies to the construction on and use of a commercial, industrial, or institutional property. If signage is required, please alert staff and they will assist with the separate signage application. Signage is NOT permitted under THIS application.

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**