Day Care Certificate of Occupancy Application

_____Municipality

APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

Location (Exact Street Address)		Business Name	
Proposed Use		Current Use (or previous use if vacant)	
☐ Family Day Care (4-6 children) ☐ Group Day Care (7-12 Children)		☐ 1-2 Family Dwelling ☐ Building Other Than 1-2 Family Dwelling	
What part of the building will you occupy? ☐ First Floor ☐ Second Floor ☐ Basement	Number of Adults in charge at all times?	Smoke Detectors: ☐ Yes ☐ No	Smoke Detector Type: 4-6 children ☐ Lithium ☐ Interconnected 7-12 children ☐ Interconnected
Egress for Child Areas Only (Check all that apply) ☐ Door to Exterior 1st Floor ☐ Escape/Rescue Open ☐ Door to Exterior Basement ☐ Portable Fire Extinguishers (Class "B") in kitchen or cooking areas	Floor Plan, Land Use, and Fee are all required at time of submittal	Fee up to 12: $75.00 Over 12 Children $100.00	☐ Detectors on All Levels ☐ Detectors audible with doors closed

	Applicant	Owner	Additional Contact
Name			
Firm Name			
Address			
City/State/Zip			
Phone			
Fax			

Mail Certificate to (check one): □ Applicant □ Owner □ Additional contact

Who will meet the inspector at the property? (check one) □ Applicant □ Owner □ Additional Contact

The undersigned hereby attests to the above information as accurately describing the premises and proposed occupancy to the best of his/her knowledge and ability and that he/she has the permission of the owner(s) or agent to make this application and allow all necessary inspections of the premises. Any falsification or misinformation may result in enforcement of penalties prescribed in local ordinance and state law. The undersigned understands that completion of this form does not allow occupancy of the premises.

_____ _____

Signature of Applicant Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Application Checklist

Zoning Approval:	☐ Special Use	☐ Variance
Granted:	Expires:	Case #

☐ Capacity placard required ☐ Capacity calculation required ☐ State Health Department approval required

☐ Property has a boiler ☐ Property has an elevator ☐ Property has a sprinkler system

Use and Occupancy Type (Ch.3):	Type of Construction (Ch.6)	Design Occupant Load:
Checked by Building Code Official:	☐Fee Paid:	
Certificate #	Date issued:	Cancelled or rejected:

Inspections

Inspections have been scheduled as follows:

□ Building/Construction
□ Plumbing
□ Electrical
□ Fire/Sprinkler
□ Health Department

Contact Building Code Department to schedule all necessary inspections. Office Hours are Monday through Friday 8 am to 4 pm. Inspector assigned to this job is: