

Day Care Certificate of Occupancy Application

_____Municipality

APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

Location (Exact Street Address)		Business Name	
Proposed Use <input type="checkbox"/> Family Day Care (4-6 children) <input type="checkbox"/> Group Day Care (7-12 Children)		Current Use (or previous use if vacant) <input type="checkbox"/> 1-2 Family Dwelling <input type="checkbox"/> Building Other Than 1-2 Family Dwelling	
What part of the building will you occupy? <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Basement	Number of Adults in charge at all times?	Smoke Detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Detector Type: 4-6 children <input type="checkbox"/> Lithium <input type="checkbox"/> Interconnected 7-12 children <input type="checkbox"/> Interconnected
Egress for Child Areas Only (Check all that apply) <input type="checkbox"/> Door to Exterior 1 st Floor <input type="checkbox"/> Escape/Rescue Open <input type="checkbox"/> Door to Exterior Basement <input type="checkbox"/> 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: \$110.00 Over 12 Children \$125.00	<input type="checkbox"/> Detectors on All Levels <input type="checkbox"/> Detectors audible with doors closed
Applicant		Owner	
Name	Name	Name	Name
Firm Name	Firm Name	Firm Name	Firm Name
Address	Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip	City/State/Zip
Phone	Phone	Phone	Phone
email	email	email	email
Mail Certificate to (check one): <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Additional contact			
Who will meet the inspector at the property? (check one) <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> 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			Inspections
Zoning Approval:	<input type="checkbox"/> Special Use	<input type="checkbox"/> Variance	Inspections have been scheduled as follows: <input type="checkbox"/> Building/Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Fire/Sprinkler <input type="checkbox"/> Health Department Contact Building Code Department to schedule all necessary inspections. Office Hours are Monday through Friday 7:30am to 3:30 pm.
Granted:	Expires:	Case #	
<input type="checkbox"/> Capacity placard required <input type="checkbox"/> Capacity calculation required <input type="checkbox"/> State Health Department approval required			
<input type="checkbox"/> Property has a boiler <input type="checkbox"/> Property has an elevator <input type="checkbox"/> Property has a sprinkler system			
Use and Occupancy Type (Ch.3):	Type of Construction (Ch.6)	Design Occupant Load:	
Checked by Building Code Official:		<input type="checkbox"/> Fee Paid:	
Certificate #	Date issued:	Cancelled or rejected:	