

**CITY OF DEER PARK  
DEER PARK MUNICIPAL CODE TITLE 18.18**

**APPLICATION FOR  
COMMERCIAL DAY CARE PERMIT**

Date Received: \_\_\_\_\_ File Number: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_  
Total Fees: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**A. GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**If the applicant is not the property owner, include written authorization from the owner for the applicant to serve as the owner's representative.**

Name of Legal Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Assessor's Parcel Number(s) of Proposed Commercial Day Care: \_\_\_\_\_  
Street Address of Proposed Commercial Day Care: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_  
Existing Use of Property: Single Family \_\_\_\_; Manufactured Home \_\_\_\_;  
Duplex \_\_\_\_; Multifamily \_\_\_\_; Commercial \_\_\_\_;  
Other (Describe) \_\_\_\_\_

Explain the Propose Commercial Day Care in Detail (number of children, play area, drop off site, parking, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interior square footage of Commercial Space for Day Care: \_\_\_\_\_  
Total land area of Assessor's parcel in square feet: \_\_\_\_\_

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Provide as attachments, written verification of:

- 1. Comply with Washington State Child Day Care licensing requirements.**
- 2. Certification from facility licenser (DSHS) that there is adequate child drop off and pick up areas.**
- 3. Filing of a Business Registry application form with the City.**
- 4. Securely fenced play area meeting fence height requirements within the zone.**
- 5. Written evidence that all adjacent property owners of the commercial day care have been notified of the proposed use and a 10-day comment period established prior to final action on the request.**

**Attach a legible scale drawing of the site showing drop off area, play area, parking for staff and parents.**

**B. APPLICANT/PROPERTY OWNER AUTHORIZATION**

I, the undersigned, swear or affirm, under penalty of perjury, that the above responses are made truthfully and to the best of my knowledge. I further swear or affirm that I am the owner of record of the area proposed for the lot line adjustment identified herein or, if not the owner, attached herewith is written permission from the owner authorizing my actions on his/her behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

State of Washington )

SS

County of Spokane )

Signed and sworn or affirmed before me on this \_\_\_\_\_ day of

\_\_\_\_\_,

\_\_\_\_\_, by \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at: \_\_\_\_\_

My Appointment Expires: \_\_\_\_\_