

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

**APPLICATION FOR
FAMILY 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 Day Care: _____
Street Address of Proposed Day Care: _____
Existing Zoning: _____
Existing Use of Property: Single Family ____; Manufactured Home ____;
Duplex ____; Multifamily ____; Commercial ____;
Other (Describe) _____

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

Interior dwelling square footage required for Home Day Care: _____
Total land area of Assessor's parcel in square feet: _____
Will the resident(s) of the premises employ other persons? ____ Yes; ____ No. If "Yes",
how many employees not residing on the premises are proposed: _____

Provide as attachments, written verification of:

- 1. Comply with Washington State Child Day Care licensing requirements.**
- 2. Certification from facility licensor (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: _____