# *Day Care Certificate of Occupancy Application*

## *_____ Municipality*

## APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

| Location (Exact Street Address) | | Business Name | |
|---|---|---|---|
| | | | |
| Proposed Use<br>☐ Family Day Care (4-6 children) ☐ Group Day Care (7-12 Children) | | Current Use (or previous use if vacant)<br>☐ 1-2 Family Dwelling<br>☐ Building Other Than 1-2 Family Dwelling | |
| What part of the building will you occupy?<br>☐ First Floor ☐ Second Floor ☐ Basement | Number of Adults in charge at all times? | Smoke Detectors:<br>☐ Yes ☐ No | Smoke Detector Type:<br>4-6 children ☐ Lithium ☐ Interconnected<br>7-12 children ☐ Interconnected |
| Egress for Child Areas Only (Check all that apply)<br>☐ Door to Exterior 1st Floor ☐ Escape/Rescue Open<br>☐ Door to Exterior Basement<br>☐ 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: $50.00<br>Over 12 Children $100.00 | ☐ Detectors on All Levels<br>☐ 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** | | | **Inspections** |
|---|---|---|---|
| Zoning Approval: | ☐ Special Use | ☐ Variance | Inspections have been scheduled as follows:<br>☐ Building/Construction<br>☐ Plumbing<br>☐ Electrical<br>☐ Fire/Sprinkler<br>☐ Health Department<br><br>Contact Building Code Department to schedule all necessary inspections. Office Hours are Monday through Friday 8 am to 4<br><br>Inspector assigned to this job is: |
| 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: | |