MACON COUNTY CODE ENFORCEMENT
1830 Lakeside Drive, Franklin, NC 28734
Phone: 828-349-2489/349-2490 Fax: 828-349-4136

APPLICATION FOR CHILD CARE CENTER

Name of Day Care:_____
_____New _____Existing

Type of Day Care:_____Small (30 or fewer children) _____Large (30 or more children)

Proposed Start of Construction Date:_____Proposed Opening Date:_____

Facility Location Address:_____

Owner or Corporate Name:_____Phone Number_____
(the permit will be issued in this name)
Mailing Address:_____
(if different from location)
Contact Person:_____Phone Number_____
(if different from owner)
Number of Staff:_____Number of Seats:_____Square footage of building:_____
Operating Hours:_____Year Round_____ Seasonal_____

Meals served: Breakfast_____ On-Site_____ Date Drilled_____

Sewage Disposal: City____ On-Site____ Existing Grease Trap (y or n)_____

If septic system is on-site, NAME of ORIGINAL OWNER and DATE OF INSTALLATION_____
_____
I have submitted plans/application to the following:

_____City of Franklin - Date_____Contact Person_____
_____City of Highlands - Date_____Contact Person_____
_____Building Inspector - Date_____Contact Person_____
_____Fire Marshall - Date_____Contact Person_____

I hereby certify that the above information is accurate, and understand that any changes must be approved by the Macon Co. Public Health Center. Failure to provide any requested information may delay or prevent issuance of an operating permit.

Applicant's signature and title_____Date_____

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FOR ENVIRONMENTAL HEALTH USE ONLY
Application Received: (date)_____(initials)_____Type of Water Supply:_____
Establishment I.D. Number Assigned:_____Water Sample Results:_____
Copy of applicable rules mailed____or given____ date_____

Comments:_____
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