

**DAYCARE APPLICATION**  
**INFORMATION IS REQUIRED BEFORE A PERMIT CAN BE ISSUED**

Parcel # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

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

**\*\*\*\*\*Office Use Only\*\*\*\*\***

Inspectors Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deficiency to be corrected: \_\_\_\_\_

Date for Corrections to be completed: \_\_\_\_\_

Permit to be required: \_\_\_\_\_

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

Chief Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_