

Dear Potential Applicant:

You have expressed an interest in conducting a Day Care Center (seven or more children) in the City of Reading. In preparation for your attempt to acquire a zoning permit we have instituted a document that must be filled out in its entirety. After you have completed the application, call for an appointment to submit the completed application, and copies of all documentation requested on application. Your prompt response will help expedite the zoning permit process. Thank you for your time and effort in this regard.

Zoning Office, 610-655-6326.

Sincerely,

Zoning Administrator

C: file

Day Care Center (7+ Children) Zoning Permit Application - Initial Information Form
(Fill in blanks or mark an X if not applicable)

Applicant's Name: _____ Date: _____

Applicant's Address: _____

Street Number City State and Zip (location of family child day care home)

Applicant's Telephone Number: _____

Name of Property Owner: _____

Address of Property Owner: _____

Telephone No. Property Owner: _____

- | | Yes | No |
|---|--------------------------|---|
| Is the property Owner Occupied? | <input type="checkbox"/> | <input type="checkbox"/> <i>If yes, provide copy of deed.</i> |
| Is the property a commercial property? | <input type="checkbox"/> | <input type="checkbox"/> <i>If yes, provide copy of deed/lease.</i> |
| Is the property a single semi-detached dwelling or row. | <input type="checkbox"/> | <input type="checkbox"/> <i>If yes, provide copy of deed/lease.</i> |
| Is the property a multi-unit apartment building? | <input type="checkbox"/> | <input type="checkbox"/> <i>If yes, provide copy of lease.</i> |

January 8, 2010
Days of Operation: _____

Hours of operation: Starting time: _____ Stopping time: _____

Number of Children applying for: _____

Do you own/operate any additional daycares: _____ Yes _____ No
If yes, list address(es) _____

Documentation needed for submission:

Yes No

1. A statement setting forth the full particulars on the operation to be conducted within and to include the approvals of the Pennsylvania Department of Health, Labor and Industry State and Public Welfare, Human Relations Commission as well as to Title VI of the Civil Rights Act of 1964.
2. Floor plan, with measurements of rooms to be used as day care, (graph paper attached)
3. Pictures of rooms to be used as daycare.
4. Picture of one (1) off street parking space and location for drop off and pick of children.
5. Picture of off street parking for all employees.
6. Pictures of play area in backyard
7. Plot plan of entire property.
8. Picture ID of yourself (driver's license).
9. Check or Money Order of \$100.00 for zoning permit.
10. Check or Money Order of \$1,000.00 to appear before Zoning Hearing Board
11. Make appointment with Zoning Inspector to measure rooms (610-655-6521)

I attest that the information provided with this Application Information Form accurately reflects the operational activities planned to be associated with this Home Occupation at this location. I also understand that if the operational activities for this Family Child Day Care Home Occupation are to change from those noted in this Application Information Form, that a new Application Information Form must be completed and filed with the City of Reading Zoning Office. I further understand that if the Family Child Day Care Home Occupation is not operated consistent with the information contained in this Application Form or if the operations become a nuisance to adjoining property owners and neighbors then the Home Occupation will not be allowed to continue and will be required to cease operations and may be subject to any fines or other legal remedies for zoning non-compliance.

Name (Please Print)

Signature

Date

NOTICE: After completing the application for a Day Care Center and obtaining all required documentation from the list above, please call to schedule an appointment with the Zoning Administrator to process the Zoning Appeal to the Zoning Hearing Board.

To be completed by Zoning Office:

Zoning District:_____

Hansen Report:_____

GIS Parcel:_____

Inspection:_____

Checks attached:

\$ 100.00_____

\$1,000.00_____