

Dear Potential Applicant:

You have expressed an interest in conducting a Day Care Home (four to six 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 Home (4-6 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 single family dwelling? | <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 house row house? | <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> |

Is there a notarized Letter of Agreement between Property owner and Tenant for approval to conduct a Day Care Facility at the above referenced property? A copy of this agreement needs to be included with the information application. If included please check this box.

The day care facility shall be indistinguishable from the exterior of other residential dwellings in the immediate neighborhood. However, improvements required by permitting or licensing agencies shall not be deemed incompatible merely because surrounding buildings lack such facilities.

January 31, 2009

Days of Operation: _____

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

Number of Children applying for: _____

Total Number of People who reside at the property: _____

Number of Adults _____

List of Children and their date of birth: _____

Do you own/operate any additional daycares: _____ Yes _____ No

If yes, addresses _____

Documentation needed for submission: Yes No

- | | | | |
|-----|--|--------------------------|--------------------------|
| 1. | <u>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.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Floor plan, with measurements of rooms to be used as day care(a minimum of 480 sq.ft of habitable floor area exclusive of halls, bathrooms, office, kitchens, locker rooms, and related areas must be maintained on the premises. (graph paper attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Pictures of rooms to be used as daycare. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Picture of one (1) off street parking space and location for drop off and pick of children. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Pictures of play area in backyard | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Plot plan of entire property. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Picture ID of yourself (driver's license). | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Check or Money Order of \$100.00 for zoning permit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Check or Money Order of \$1,000.00 to appear before Zoning Hearing Board | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Make appointment with Zoning Inspector to measure rooms (610-655-6521) | <input type="checkbox"/> | <input type="checkbox"/> |

I attest that the information provided with this Application Information Form accurately reflects the operational activities planned to be associated with this Day Care Facility 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 Day Care Facility 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 it 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 Home 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 _____