



FAMILY DAYCARE HOME (ACC 8-5-3-33.B)

A Family Daycare Home requires the issuance of a **Zoning Certificate**

SITE INFORMATION:

Section: _____ Township: _____ Range: _____ Total Acres: _____
 Subdivision Name: _____ Lot: _____ Block: _____
 Site Address: _____ City: _____
 Tax Parcel Number(s): _____
 Zoning District: _____ Overlay District(s): _____

GENERAL INFORMATION:

***FAMILY DAYCARE HOME:** A home, place or facility providing care and supervision for compensation for part of a day, for six (6) or fewer children not related by blood or marriage to the person providing the care, in a place other than the children's own home. The occasional care of children by a person not ordinarily in the business of childcare, and the provision of care for children of only one immediate family in addition to the person's own children are not considered family daycare homes.*

Number of children that will be cared for onsite: _____

Ages of Children that will be cared for onsite: _____

Are any of the children cared for **younger** than seven (7) years of age: YES NO

If yes, Provide a copy of a Criminal History Check from Idaho Department of Health & Welfare for All Staff

Proposed Hours of Operation: _____

Note: Hours of Operation are limited to 7:00a.m. to 6:00p.m.

Proposed Days of Operation: _____

Is outdoor lighting proposed: YES NO

SITE PLAN: *(Include the following, drawn to scale/dimensioned):*

- Existing easements
- Property lines
- Existing & Proposed structures
- Parent Pick-up/Drop-off Parking Area
- Septic & Well locations

APPLICANT/AGENT: (Please print)

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

I certify this information is correct to the best of my knowledge: _____

Signature (Applicant)

PROPERTY OWNER: (Please print)

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

I certify this information is correct, and allow Development Services staff to enter the property for related site inspections. I agree to indemnify, defend and hold Ada County and its employees harmless from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of the application.

Signature: Owner(s) of Record

Date

Signature: Owner(s) of Record

Date

OFFICE USE ONLY:

RECEIVED BY: _____	DATE: _____	DATE STAMPED: <input type="checkbox"/>
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