



DAYCARE FACILITY APPLICATION
APPLICATION FOR DAYCARE FACILITY

DATE: _____ Phone Number: _____ Cell Number: _____

Name of Applicant: _____

Address _____

Mailing Address: _____

Proposed Location of Daycare Facility: _____ Current Zoning _____

Property Owner: _____

Mailing Address: _____

Signature of Applicant

Date

Received by Town Staff

Date

Planning Commission Review Date: _____

Planning Commission Recommendation: _____

Board of Trustees Hearing Date: _____
(No sooner than 14 days after application)

Notice in Newspaper: _____ Sign Posted on Property: _____
(At least 10 days before hearing) (At least 10 days before hearing)

Board of Trustees Action: _____ Any conditions imposed: _____

STAFF ACTION: _____ Fee: \$25.00 Paid _____ Cash _____ Check# _____