



Home Daycare Permit Application

For Permit Center Use Only

Submittal Date: _____

Permit #: _____

Parcel: _____ - _____ - _____

Zoning District: _____

Please PRINT the following information clearly

| STREET # | ADDRESS | SUBDIVISION | LOT # |
|----------|---------|-------------|-------|
|----------|---------|-------------|-------|

Home Daycare Name: _____

Number of Children: _____ Number of Employees: _____

Times of Operation: _____

Will you be licensed in NC: ☐ YES ☐ NO

Applicant's Name: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

Applicant's Address: _____

I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit. I certify that I am the property owner, am authorized to sign on behalf of the property owner, or am otherwise legally authorized to sign this application. By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party, pursuant to NCGS 66-315(b).

Applicant's Signature

Date

Permit Center
P.O. Box 69, Monroe NC 28111
300 W. Crowell Street, Monroe NC 28112
Telephone: (704)282-4524 Fax: (704)282-4735 Email: PermitCenter@monroenc.org