Home Daycare Permit Application

For Permit Center Use Only

Submittal Date: _____

*Permit #:*_____

Parcel: _____-_____-_____

Zoning District: _____

NOTE: No application shall be considered complete unless all the following information is attached. The Planning Official may waive any of the requirements, except fees, and may require additional information as necessary for proper consideration of this request.

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.

_____ _____

Applicant's Signature **Date**

Permit Center
P.O. Box 69 Monroe, NC 28111
300 W. Crowell Street, Monroe, NC 28110
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