

TOWN OF YARMOUTH

Zoning Board of Appeals

200 Main Street Yarmouth, Maine 04096

(207)846-2401

WWW.YARMOUTH.ME.US

Fax: (207)846-2438

DAY CARE APPLICATION

Date: _____ Zoning District _____ Map ____ Lot ____ Ext _____

Application forms, materials and applicable fees must be submitted to the Planning Department

APPLICANT NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____ e-mail _____

OWNER (other than applicant) NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____ e-mail _____

group day care home or **day care center facility** **family day care home**

Single family detached residence: **yes** **no** Zoning District: _____

Number of employees and volunteers not living on site _____

Square foot area of: Lot _____

Indoor play area _____ (Minimum 35 square feet per child; not indulging areas for administrative use, bathrooms, hallways, storage and kitchen).

Description of any fencing/buffering

I have submitted the following materials in support of this application:

Plot plan showing:

- General site location map
- Outdoor play area
- Play area setbacks from abutting developed lots
- Location of fencing or other barriers around play area, if proposed
- landscaped buffer, if applicable
- Drop off / pick-up area

Approval from Plumbing Inspector:

State Department of Health and Human Services License# _____

State Department of Health and Human Services Classification _____

Please Note: The Permitting Authority may require additional information not listed here.

I have paid the \$100 (one hundred dollar) application fee.

I have included evidence of my legal interest in the property under consideration or authorization to act for the property owner.

"I authorize appropriate staff within the Yarmouth Planning Department to enter the property that is the subject of this application at reasonable hours, including buildings, structures or conveyances on the property, to collect facts pertaining to my application".

Applicant's/Agent's Signature _____

(printed) _____

Mailing Address _____

Telephone Number _____

Email address _____

Approved _____
Permitting Authority

Denied _____
Permitting Authority

Date _____

Date _____