

CITY OF LANCASTER, PENNSYLVANIA

APPLICATION FOR CHILD DAY CARE CENTER PERMIT

APPLICANT NAME (Print Clearly): _____
Street Address: _____
Parcel Number: _____
Apartment No. _____
Telephone: (1) Home: _____ (2) Cell: _____
E-mail: _____
Applicant Signature: _____ Date _____

If Applicant is other than the property owner, complete this section:
PROPERTY OWNER (Print Clearly): _____
Mailing Address: _____
Telephone: (1) Home: _____ (2) Cell: _____
As the property owner, I hereby authorize the above tenant to operate a child day care home on my property, subject to all applicable State and Local statutes and regulations:
Owner Signature: _____ Date _____

DAY CARE HOME INFORMATION
Number of Day Care Children: _____
Number of Provider's Own Children: _____
Ages of Day Care Children To Be Served: _____
Number of Caregivers in Addition to Provider: _____
Days Each Week Service Will Be Provided: _____
Hours Each Day Service Will be Provided: _____

OFFICE USE ONLY

CITY APPROVALS (Date and Signature)

Fire Marshal (Ph: 291-4869)	_____ / _____
Health Officer (Ph: 291-4714)	_____ / _____
Lead Risk Assessment (Ph: 291-4731)	_____ / _____
Final Lead Clearance (Ph: 291-4731)	_____ / _____
Zoning Officer (Ph: 291-4736)	_____ / _____

COMMENTS: