



### Day, Family, and Mini-Care Facilities Application

PROPERTY OWNER INFORMATION			
Owner:			
Address:	City:	State:	Zip:
Phone Number:	Email:		

APPLICANT INFORMATION (if different)			
Applicant:			
Address:	City:	State:	Zip:
Phone Number:	Email:		

PROPERTY INFORMATION	
Legal Description:	
Parcel Number:	
Property Address:	Zoning District:

PROJECT DESCRIPTION
Select the type of proposed day care facility: <p style="text-align: center;">Family Day Care Home <input type="checkbox"/>      Mini Day Care Center <input type="checkbox"/>      Day Care Center <input type="checkbox"/></p>
Anticipated number of children to be enrolled:

APPLICATION MUST INCLUDE
<ol style="list-style-type: none"> <li>1. Completed application and filing fee</li> <li>2. Title Report showing record of property involved</li> <li>3. Other information as determined by Administrator</li> <li>4. Refer to RMC 23.42.080 for requirements</li> </ol>

I authorize employees and officials of the City of Richland the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.

I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. I have read and examined this permit application and have documented all applicable requirements on the site plan.
2. The information provided in this application contains no misstatement of fact.
3. I am the owner(s), the authorized agent(s) of the owner(s) of the above referenced property, or I am currently a licensed contractor or specialty contractor under Chapter 18.27 RCW or I am exempt from the requirements of Chapter 18.27 RCW.
4. I understand this permit is subject to all other local, state, and federal regulations.

*Note: This application will not be processed unless the above certification is endorsed by an authorized agent of the owner(s) of the property in question and/or the owner(s) themselves. If the City of Richland has reason to believe that erroneous information has been supplied by an authorized agent of the owner(s) of the property in question and/or by the owner(s) themselves, processing of the application may be suspended.*

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

### ADMINISTRATIVE USE ONLY

- Written assurance from the State Department of Social & Health Services stating that the applicant has complied with at least one (1) of the following requirements:
- Made initial contact with the above-mentioned state agency regarding the proposed day care facility;
- Applied for state licensing of the proposed day care facility;
- Received state licensing for proposed day care facility.
- Registration of the proposed day care facility with the Richland Fire & Emergency Services Department.
- Applicable fencing requirements have been met.

<input type="checkbox"/> Special Use Permit Application	Required <input type="checkbox"/>	Not required <input type="checkbox"/>
<input type="checkbox"/> Business License	Required <input type="checkbox"/>	Not Required <input type="checkbox"/>