

## RESIDENTIAL DAY CARE APPLICATION

Note: Each permit issued for a Day Care Family Home shall pertain to only one (1) building/structure and each expansion thereof shall require a separate permit.

### **APPLICATION CHECKLIST:**

1. A scaled site plan shall be included with every application and must include the following information:
  - Owner's Name, address, and telephone number
  - North arrow
  - Scale
  - Accurate shape and dimensions of the lot or site
  - Lengths of all property lines
  - Roads and rights-of-way labeled, both public and private
  - Parking areas, driveway location and any intersection with roads
  - Label all existing structures
  - Locations and dimensions of all structures and distances of each to property lines

### **REQUIREMENTS:**

1. All Day Care Family Homes shall be located in a single-family dwelling and shall be operated in a manner that will not change the character of the residence.
2. All Day Care Family homes shall be located on a lot large enough to meet city codes and street requirements, and all portions of said lot used for outdoor play space shall be fenced with an opaque fence six (6) feet in height.
3. All Day Care Family Homes shall meet all city, county, and state health department requirements as to safety, design, facilities, equipment, and other features. The facility shall be operated in a manner that will not adversely affect other properties and uses in the area.
4. All Day Care Family Homes shall provide one paved parking space for each employee at the home at any time plus two (2) additional paved parking spaces.
5. All Day Care Family Homes shall provide one off-street parking space for the loading and unloading of children.

City of Brookland  
613 Holman St.  
Brookland, AR 72417  
PHONE: 870-935-0538

## RESIDENTIAL DAY CARE APPLICATION

Property Owner  
Name/Signature: \_\_\_\_\_

Spouse  
Name/Signature: \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning: \_\_\_\_\_

The undersigned property owner designates the following agent or attorney to represent the applicant at all hearings:

Name	Address	City	State	Phone No.
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\_\_\_\_\_

Property Owner Signature

\_\_\_\_\_

Spouse Signature

\_\_\_\_\_

Property Owner Mailing Address	City	State	Zip
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Phone: \_\_\_\_\_