



LANCASTER FIRE DEPARTMENT OPERATIONAL PERMIT APPLICATION FOR RESIDENTIAL DAYCARE



Residential Day Care: \$50.00

PLEASE REVIEW THE INSPECTION REQUIREMENTS FOR THE IN HOME DAYCARE PERMIT.

Date of Application: _____

Day Care Information:

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____ Fax No.: _____

Daycare Owner's Information:

Owner's Name: _____ Phone No.: _____

Home Address: _____

Email: _____

Property Information:

Are You Renting Or Leasing The Property (Check One): YES NO

Owner of Property: _____ Phone No.: _____

Owner's Address: _____

Email: _____

Property Owner's Signature (Sign & Print): _____

Facility Details:

Do you plan on having **5 or less children (including you own)**: YES NO

Must obtain a Special Use Permit (SUP) from the City of Lancaster's Planning & Development Department, 211 N. Henry St., Lancaster, TX 75146, 972-218-1240.

Square Footage of Property: _____ Square Footage of Living Space: _____

Will This Be A 24-Hour Facility (Check One): YES NO

- If No, What Are The Hours Of Operation: _____

Please Classify The Evacuation Capability Of Your Occupants (Check One): Slow Prompt Impractical

- How Many Children (including own) Are Capable of Self-Preservation: _____
- How Many Children (including own) Are Not Capable of Self-Preservation: _____
- How Many Children (including own) Are Restricted In Their Mobility: _____
- How Many Children (including own) Are Under 2½ Years Of Age: _____
 - o If a multi-level House What Floor Level Will they be cared for on (Please see requirements #12): _____
 - o Does the primary room for which the children will be care for in have direct egress to the Outside (check one): YES NO

NOTE: Owner/Owner's Agent Hereby Grants Lancaster's Fire Code Official the Authority to Enter Area(S) Covered by Permit Granted per This Application to Enforce Provisions Related to This Permit.

I Hereby Certify That I Have Completed This Questionnaire, I Am An Authorized Agent Of The Named Business, And I Know The Information Contained Herein To Be True And Correct.

Name (Please Print): _____

Signature: _____ Date: _____

Should any inspection fail for noncompliance with City Codes a second inspection is required, and an additional fee of \$50.00 will be charged. This fee will increase by \$50.00 for each subsequent re-inspection.

A FLOORPLAN WITH THE SQUARE FOOTAGE OF EACH ROOM MUST BE PROVIDED WHEN SUBMITTING A PERMIT APPLICATION.

OFFICE USE ONLY

Occupancy ID: _____ Invoice No.: _____ Account ID.: _____

Payment Type: _____ Amount: _____ Processed By: _____