

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

Is This a Change of Ownership (Check One): YES NO

Total Number of People You Will Be Providing Care or Supervision for: _____

- How Many People Are Capable of Self-Preservation: _____

- How Many People Are Not Capable of Self-Preservation: _____

- How Many People Are Restricted In Their Mobility: _____

- How Many Children Are Under 2½ Years Of Age: _____

o If a multi-level building What Floor Level Will they be cared for on: _____

o Does the primary room for which the children will be care for in have direct egress to the Outside (check one): YES NO

Will You Be Preparing Meals At The Location? YES NO

If Day Care, Do You Plan On Having More Than Five (5) Persons? YES NO

How Many Children/Adults (Please Circle One) Are You Licensed For? _____

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 \$25.00 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: _____

Planning and Zoning Approval: Approved Denied Renewal

Planning and Zoning Reviewed By: _____ Date: _____