

# CONDITIONAL USE PERMIT RENEWAL

CHILD DAY CARE HOME, SINGLE-FAMILY DISTRICT

City of Cleveland Heights



Application available at [www.clevelandheights.com/forms](http://www.clevelandheights.com/forms). Please submit to City of Cleveland Heights City Hall, Department of Planning and Development, 40 Severance Circle, Cleveland Heights, OH 44118. Call 216-291-4863 or e-mail [planning@clvhts.com](mailto:planning@clvhts.com) with questions.

Applicant(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Address of subject property \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dwelling type: \_\_\_\_ single-family \_\_\_\_ two-family \_\_\_\_ multiple-family

Will the applicant (operator of this day care) reside in the home? Circle: Yes No

If you have any school-age children living in your home, what are their names and ages?

Property owner, if different from applicant \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Names and ages of persons whom you will be caring for in your home:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Names and, if applicable, address of care providers other than yourself (please note that no more than one person not living in your home may work there as a caregiver):

Will each provider be at least 18 years of age and have a minimum of six months experience in caring for children, either as a parent or in another context (previous employment, center observations, volunteer service, in-service training, etc.) and will the provider take preventative steps to ensure the safety of the children in care? Circle: Yes No

Has your home been inspected and approved for home day-care services by the Fire Department during the past 12 months? \_\_\_\_\_ If yes, when? \_\_\_\_\_

By signing, I declare that all information I provided is true, correct, and complete, to the best of my knowledge and that I will comply with the terms of my permit and the requirements of Code section 1165.02(b), Home Occupations Accessory to a Dwelling Unit in a Residential District.

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

## OFFICE USE ONLY

Cond. Use Permit/Day Care Home permit # \_\_\_\_\_

Date submitted: \_\_\_\_\_

Date permit issued: \_\_\_\_\_

☐ Proof of ownership or lease agreement attached

☐ Application fee (\$40.00) received by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Fire Inspection fee (\$50.00) received by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ General compliance with City Codes

Zoning district in which this property is located: \_\_\_\_\_

Is this property contiguous to any existing home day-care operations? \_\_\_\_\_

Is there an existing home day-care operation within 150 lineal feet? \_\_\_\_\_

Is there an existing home day-care operation directly across the street? \_\_\_\_\_

Zoning Administrator approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Inspection approval: \_\_\_\_\_ Date: \_\_\_\_\_