



**CITY OF DECATUR BOARD OF ZONING ADJUSTMENT  
APPLICATION FOR HOME CHILD CARE FACILITY**

APPLICANT: \_\_\_\_\_

MAILING ADDR: \_\_\_\_\_

CITY STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

OWNER ADDR: \_\_\_\_\_

CITY STATE ZIP: \_\_\_\_\_

OWNER PHONE: \_\_\_\_\_

**ADDRESS OF APPEAL:**

**MARK CLASS OF DAY CARE YOU DESIRE: (READ ORDINANCE TO DETERMINE CLASSES)**

- DAY CARE (6 OR LESS)                       NIGHTTIME HOME CARE (6 OR LESS)  
 GROUP DAY CARE (7 TO 12)                       GROUP NIGHTTIME CARE (7 TO 12 CHILDREN)

DESCRIBE HOURS OF OPERATION; PARKING ARRANGEMENTS; PLAY AREA and EQUIPMENT; DO YOU HAVE FENCE, DOG, OR POOL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT NAME

DATE: \_\_\_\_\_

**OFFICE USE ONLY**

REVIEWED BY: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

APPROVED/DISAPPROVED: \_\_\_\_\_

The Board of Zoning Adjustment meets the second Tuesday of each month at 4:00 PM in the Council Chambers on first floor of City Hall. Applications must be filed by the 25<sup>th</sup> of the preceding month. Applicants MUST be present in order for the case to be heard. Request a copy of this application.