



# 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 \$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: \_\_\_\_\_