



Conditional Use Permit Application for a Home Occupation of Daycare

Fee \$250.00

*multiple agency approvals needed

Property information and location (all lines applicable to this site must be filled in)

Parcel # _____ Lot # _____

Subdivision Name: _____

(For office use only)

CUP #: _____ Fee \$250.00 Receipt #: _____

Application Determination:

Approved Denied

Conditions imposed? Yes No

By: _____ Date: _____

Property Owner(s) Information

Name(s): _____

Address per tax rolls: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Fax: _____

Mobile phone: _____ Message phone: _____

Email address: _____

Applicant's Information if different than Property Owner(s)

*Agent Authorization notarization needed

Name(s): _____

Address per tax rolls: _____

City/County: _____ State: _____ Zip: _____

Office/home phone: _____ Fax: _____

Mobile phone: _____ Message phone: _____

Email address: _____

Include the following with the application:

Applicant

County

Site Plan with the following:

1. A north arrow, the scale of the drawing, and the date of the drawing.
2. Street names and addresses.
3. **Property lines with dimensions.**
4. All sidewalks, driveways, curbs and gutter, and parking areas (if any).
5. **All existing easements, rights-of-way, and any other significant features on the site. Including outside play areas and exits.**
6. **Floor plan of the house and areas the daycare/business will use. Include windows, ingress/egress, kitchen, bathrooms, etc.**

Responses to the following questions:

1. How does your proposed project fit in with surrounding properties and uses? _____

1. In what ways does the project not fit in with surrounding properties and uses? _____

2. What is your plan to mitigate the potential conflicts with surrounding properties and use, if any exist?

Applicant

County

Applicant must provide printed labels from the Tooele County Recorder's office of property owners adjacent of this property. (Next door, behind and across the street).

All required information in this application must be completely filled out and signed with required paperwork submitted or application will be denied.

Conditions imposed:

***staff or other agencies may add further restrictions**

In submitting this application, I (We) agree to the following conditions and understand that any breach of any one or more will cause this permit to become void:

1. No more than sixteen (16) children with up to eight (8) children per one (1) adult working at the day care, shall be permitted. This includes no more than two children under the age of two. The number of children in care includes the providers' own children under the age of four. Further guidelines for supervision and ratio are found in the State of Utah's residential certificate rules*: Supervision and Ratios.
2. There shall be no more than one (1) adult employed by the day care facility who resides outside of the home.
3. The day care shall be licensed with the State of Utah, and will cease operation upon revocation, suspension, or failure to renew license.
4. The inside and outside areas that are used for the day care shall be made to conform to the standards of the current and any future updates of the Uniform Building Code.
5. All childcare activities shall take place at the home unless written consent by parent or guardian. All indoor and outdoor activities shall be in accordance with the State of Utah's Residential Certificate Rules*: Indoor Environment, Outdoor Environment and Activities.
6. The hours of operation shall be no more than 6:00 a.m. to 9:00 p.m., Monday through Saturday with outside activities restricted to the hours of 9:00 a.m. to 4:00 p.m..
7. The childcare facility shall comply with the requirements of the Tooele County Health Department, the Utah Department of Health and any other local health departments for child day care facilities.
8. Meals and treats shall be provided in accordance with the Tooele County Health Department Regulations and State of Utah's Residential Certificate Rules*: Child Nutrition.
9. The employees of the Community Development Department, Tooele County Health Department, Tooele County Sheriff's Department and the Utah Department of Health shall be permitted to inspect the day care facility during its hours of operation.
10. * _____

11. * _____

I (We) as the owner(s) of this property have read and do hereby agree to and understand the above terms and conditions without reservation and place my signature below as an act of such agreement. It is further agreed and understood that should I (we) violate any of the above conditions, this permit shall become null and void without further process and such use will not be permitted upon the property for one year. This permit is issued site specific and not transferable to another property, but may be transferred to a new owner.

I (We) understand that the Zoning Administrator shall not authorize a conditional use permit unless the evidence presented is such as to establish that such use will not, under the circumstances of the particular case, be detrimental to the health, safety or general welfare of persons residing or working in the vicinity, and the proposed use will comply with the regulations and conditions specified in the Tooele County Land Use Ordinance for such use.

APPLICANT'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE

DATE

AFFIDAVIT

PROPERTY OWNER’S AUTHORIZATION

I (we), _____ the owner(s) of the real property located as follows: _____ and further described in the attached application, do authorize the applicant listed in this application permissions to use this property as listed in this CUP application. I (We) understand that if the use is granted it will stay with the property if new residence(s) move in. We further understand that if this use is discontinued for a year or more the use is no longer allowed on the property and a new CUP application will be required. Any violations regarding this CUP will be addressed with the property owner.

(Property Owner)

(Property Owner)

(Property Owner)

(Property Owner)

Notary

STATE OF UTAH)

:ss

County of Tooele)

Dated this _____ day of _____, 20 _____, the property owners above personally appeared before me and acknowledged that he/she signed the above Notice and that the statements contained therein are true.

My Commission Expires

Notary Public