



6000 Main St. SW, Lakewood, WA 98499
Phone: (253) 512-2261

COMMERCIAL DAYCARE APPLICATION

FEE: \$150.00 plus applicable building permit fees.

Pre-Application Fee (If required): \$150.00

DAYCARE FACILITIES. The use of a building, or any portion thereof, for the regular care of individuals needing supervision and care on a less-than-around-the-clock basis. The term shall also include facilities commonly known as day care facilities, day care centers and preschools, but not pet day cares, which shall instead be treated as a Pet Sales and Services Commercial use type. All subject to compliance with all appropriate federal, state and/or local licensing requirements and the specific standards set forth in LMC 18A.70.100, Daycare Facilities.

SUBMITTAL REQUIREMENTS:

- ____ 1) **REQUIRED APPLICATION FORM.** The completed original application form, making sure that all of the required answers are provided and signatures have been obtained.
- ____ 2) **REQUIRED FEE.** A check made out to the City of Lakewood for the fee (due at the time of submittal).
- ____ 3) **ACCURATE SITE PLAN (DRAWN TO SCALE, 1" = 20').** Two (2) copies of a site plan, drawn to scale, including the following information:
 - Accurate location of property lines;
 - Footprint of existing and proposed structures;
 - Existing/ proposed parking areas - shown dimensions of parking area (parking stalls shall be minimum 9' wide by 18' long);
 - Existing/ proposed turnaround/ vehicle maneuvering areas;
 - Existing/ proposed driveway entrances;
 - Existing/ proposed safe passenger loading area (shall be a minimum 5' wide by 18' long);
 - Existing/ proposed fenced outdoor play areas/ play equipment;
 - Existing/ proposed accessory structures.
- ____ 4) **ACCURATE FLOOR PLAN DIAGRAMS (DRAWN TO SCALE, 1/4" = 1').** Two (2) copies of a complete floor plan diagram, including the following information:
 - Floor plan of entire house (including all floors);
 - INDICATE all rooms within the house that will be used for daycare use;
 - Show all sleeping rooms (identified by number);
 - Show all dimensions (length and width) of windows, hallways, doors, exits, stairs, ramps, elevators and platform lifts;
 - Indicate the height of each window sill when measured from floor level;
 - Indicate the location of each smoke detector within each room. Indicate whether it is battery operated or hard-wired with battery back-up.

All above items must be submitted at the time of application in order for the application to be accepted as complete. Handouts and application forms may be revised without notice.

PRE-APPLICATION MAY BE REQUIRED. If required, submit pre-application materials as required on the pre-application form.



COMMERCIAL DAYCARE APPLICATION

SITE ADDRESS: _____

APPLICANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____

Email Address: _____

Will the applicant be the contact person? YES or NO If other, please specify below:

Contact person: _____ Phone #: _____

Mailing Address: _____

Email Address: _____

PROPERTY OWNER/TENANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____

PREVIOUS USE OF PROPERTY: _____

SURROUNDING USES AND BUSINESSES NEXT TO PROPOSED DAYCARE SITE:

ARE THERE ANY OTHER DAYCARE FACILITIES WITHIN 300 FEET OF YOUR PROPOSED LOCATION? IF SO, INDICATE THE ADDRESS WHERE THIS FACILITY IS LOCATED:

PROPOSED IMPROVEMENTS/ WORK DESCRIPTION:

WILL THIS FACILITY BE A HOME-BASED DAYCARE? _____

PROPOSED HOURS, DAYS, PLACE AND MANNER OF OPERATION:

PROPOSED # OF CHILDREN/STUDENTS: _____ PROPOSED # OF EMPLOYEES: _____

TRAFFIC (VEHICULAR TRIPS TO AND FROM SITE PER DAY) GENERATED BY THE USE, INCLUDING DELIVERIES AND CLIENT-RELATED TRIPS:

EXISTING # PARKING STALLS: _____ PROPOSED # PARKING STALLS: _____

WILL THE FACILITY HAVE AN OUTDOOR PLAY AREA? _____

DAYCARE FACILITIES ARE REQUIRED TO PROVIDE A SAFE PASSENGER LOADING AREA. WILL THE PROPOSED FACILITY BE ABLE TO ACCOMMODATE THIS REQUIREMENT?

WHAT ARE THE DIMENSIONS OF THE SAFE PASSENGER LOADING AREA?

WILL ANY STRUCTURAL OR DECORATIVE ALTERATIONS BE MADE TO THE BUILDING? IF SO, DESCRIBE:

WILL ANY SIGNAGE BE INSTALLED ON THE PROPERTY? IF SO, DESCRIBE:

AUTHORIZED AGENT/OWNER SIGNATURE:

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

Signature of Authorized Agent/Owner

Date

OFFICE USE ONLY:

APPLICATION #: _____ TAX PARCEL #: _____

APPLICATION NAME: _____

ZONE: _____ USE TYPE: _____

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____
