



CITY OF HAGERSTOWN, MARYLAND

Planning & Code Administration Department

ZONING CERTIFICATE REQUEST FORM – DAY-CARE FORM

Submittal Requirements:

- Original Application
- Filing fee (please consult current fee schedule)

PROPERTY OWNER INFORMATION

Name: _____

Property Address: _____

TENANT/BUSINESS OWNER INFORMATION

Name of Business: _____

Tenant Mailing Address: _____

Phone Number: _____ Email Address: _____

MOST RECENT USE

DESCRIPTION OF INTENDED USE (Day-care Hours, Number of Children, etc.)

PLANS TO MODIFY THE LEASE SPACE (ie. Electrical, Mechanical, Building, Plumbing, etc.)

Reminders:

- Home day-care of up to eight (8) children, as licensed by the State of Maryland. A home day-care may utilize non-resident employees only for occasional back up staff for the purpose of covering on-site operations for the resident staff during vacations, personal emergencies, appointments, etc. when the resident provider will not be present, as required by their state license. Otherwise, a home daycare shall not employ persons who do not reside on the property. [Ed. Note: State licensure counts those children under age 6 living in a dwelling among those being cared for under the license. This requirement prohibits a home day-care operator’s ability to care for five or more children under the age of two unless a second care giver (as required by State licensure) is also a resident of the dwelling.]

Tenant Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____



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PLANNING AND CODE ADMINISTRATION DEPARTMENT USE ONLY

APPLICATION NO:

ZONING DISTRICT & OVERLAY *(if applicable)*:

TYPE OF USE:

- This use conforms to the provisions of the zoning ordinance and is a LEGAL USE.
- This use is a LAWFUL NONCONFORMING USE.
- This use is IN VIOLATION of the zoning ordinance.

PERMIT AND REVIEW STATUS:

- Open Permits _____
- Permit Needed _____
- Condemned or Other Property Restrictions _____
- Historic District Commission Review _____
- Fire Department Warnings _____
- Vacant More Than 1 Year _____

INSPECTIONS REQUIRED:

- Code _____
- Fire Marshal _____

COMMENTS/CONDITIONS:

Zoning Administrator

Date