

## LARGE FAMILY DAY CARE HOME PERMIT APPLICATION

### REQUIREMENTS

#### TO THE APPLICANT:

Please provide the following materials as part of your complete application. A complete application package will expedite your public hearing before the Planning and Preservation Commission. A complete package consists of the following?

1. A completed application (attached) signed by the applicant and property owner. If the applicant owns the property, please sign on both lines.
2. A complete site plan (to scale) and, if required, building elevations. (Planning staff will determine whether elevations are necessary for a specific application.) Site plan shall include the following:
  - Dimensions and location of all structures (i.e., buildings, patios, garages, fences, walls) on the site.
  - Location of play areas and relationship to adjacent residences.
3. A detailed floor plan of the facility showing the following:
  - Proposed location of use.
  - Restroom facilities.
  - Location of fire detection and extinguishing devices.
4. The number of children, including the applicant’s own, and the hours of operation.
5. Method of drop-off and pickup of children.
6. Proximity to any other such use.
7. Proof of having a minimum of one year’s experience as a small day care home.
8. Signed statement by the property owner agreeing to comply with all state requirements for large family day care homes.
9. Provide evidence of the Los Angeles Fire Department clearance.
10. A 100-foot radius map (one copy) and ownership list and mailing labels (two sets). A sample radius map is attached. The ownership list should be numbered and keyed to the map, so that referring to the ownership list can readily identify a parcel’s owner. An example is attached. **(Please note:** Unless specified, zoning and land uses are not required as part of the radius map information.)

11. FILING FEE:	LARGE FAMILY DAY CARE APPLICATION	\$	2,084.91
	ACTIVITY INFORMATION MANAGEMENT	\$	208.49
	PUBLIC NOTIFICATION FEE	\$	120.00
	<b>TOTAL FILING FEE</b>	<b>\$</b>	<b>2,413.40</b>

Upon written request to the Community Development Department, the application has the right to request written fee verification for the review of the Large Family Day Care Home Permit applications pursuant to Health and Safety Code §1597.46.a.3.

**Please fill out application as completely as possible. Planning staff will assist with the application, when necessary. However, it is essential that the radius map and mailing list be complete when submitted. An incorrect map or mailing list nullifies the public hearing and any decision made by the Planning Commission.**

**RADIUS MAP**

The intent of the State law requiring notification of property owners within 100 feet of a zoning application is to clearly inform those owners of a project that could affect them. The law requires that the latest updated County Assessor’s rolls be utilized. Property owners or their representatives may prepare ownership lists or the applicant may buy this service from the several companies that specialize in such work.

The radius map shall be submitted along with an affidavit of the person who prepares the mailing list. That person must complete and sign the affidavit. A valid ownership list consists of the following:

1. Consecutive parcel numbers keyed to the map, so that it may easily be determined whether a specific property’s owner was legally notified.
2. The assessor’s book, page and parcel number (APN) for each parcel.
3. The name and mailing address of each property owner.
4. The applicant’s name and mailing address, with any representatives or others the applicant wishes to notify, marked with an XX. These will be sent by certified mail.
5. Two (2) sets of gummed mailing labels and one copy must be submitted. The labels should look like this:

APN 2511-001-001 Duke Wayne Dev. Co 101 N First Street Hollywood, CA 91111	1     <b>XX</b>	APN 2511-002-002 R. Phillippi 121 N. Orange Grove Ave. San Fernando, CA 91340	2
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The first gummed label must have the applicant’s name and address and the symbol XX in the lower right hand corner.

**The submitted radius map must indicate the subject property by graphic means. The parcels must be numbered consecutively (besides the legal description lot number and the APN) and keyed to the mailing list. The intent is to determine whether a specific property owner was notified of the public hearing.**

For questions and assistance, please call the Community Development Department at (818) 898-1227. Assistance is also available at the zoning counter during normal business hours.

<b>APPLICANT INFORMATION</b>		
APPLICANT NAME	TELEPHONE NO.	
APPLICANT MAILING ADDRESS	FAX NO.	
APPLICANT EMAIL ADDRESS		
<b>SITE INFORMATION</b>		
SITE ADDRESS		
LARGE DAY CARE FACILITY DESCRIPTION		
NUMBER OF CHILDREN (INCLUDING THE APPLICANT'S OWN)		
HOURS OF OPERATION		
ASSESSOR'S PARCEL NUMBER (APN)		
PROPERTY SIZE (IN SQUARE FEET)		
BUILDING SIZE		
PARKING AVAILABLE (NUMBER)		
<b>PROPERTY OWNER INFORMATION</b>		
PROPERTY OWNER NAME	PROPERTY OWNER TELEPHONE NO.	
PROPERTY OWNER MAILING ADDRESS		
<b>SIGNATURES</b>		
APPLICANT SIGNATURE	PROPERTY OWNER SIGNATURE	
<b>FOR OFFICE USE ONLY</b>		
DATE FILED	ACCEPTED BY	
CASE NO.	ZONING	GPA



**CERTIFIED PROPERTY OWNER'S LIST**

**AFFIDAVIT**

STATE OF CALIFORNIA        )  
COUNTY OF LOS ANGELES    ) ss  
CITY OF SAN FERNANDO        )

I, \_\_\_\_\_, hereby certify that the attached list contains the names and addresses of all persons to whom all property is assessed as they appear on the latest available assessment roll of the county within the area described on the attached application and for a distance of one hundred (100) feet from the exterior boundaries of the property described on the attached application.

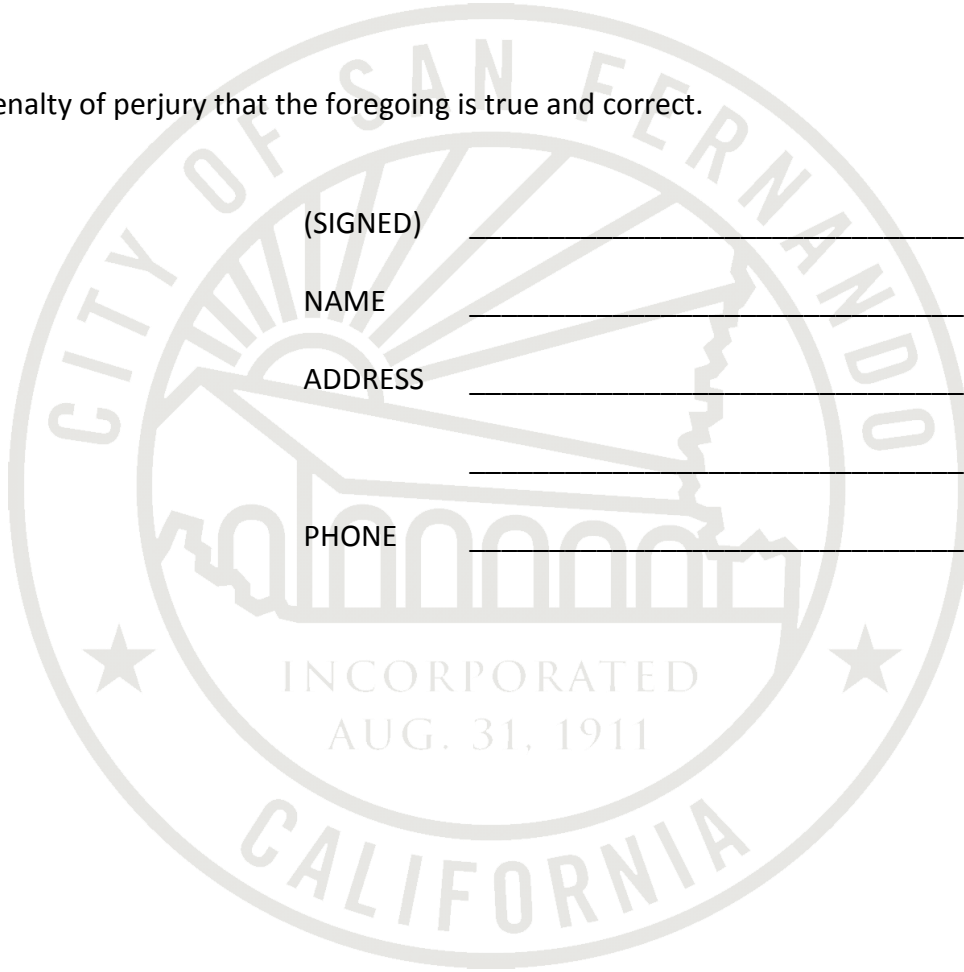
I certify under penalty of perjury that the foregoing is true and correct.

(SIGNED) \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_





**LEFT BLANK INTENTIONALLY**

**APPLICANT STATEMENT**

I, \_\_\_\_\_, agree to comply with all state requirements for large family day care homes pursuant to Sections 1597.30-1597.621 of the California Health and Safety Code.

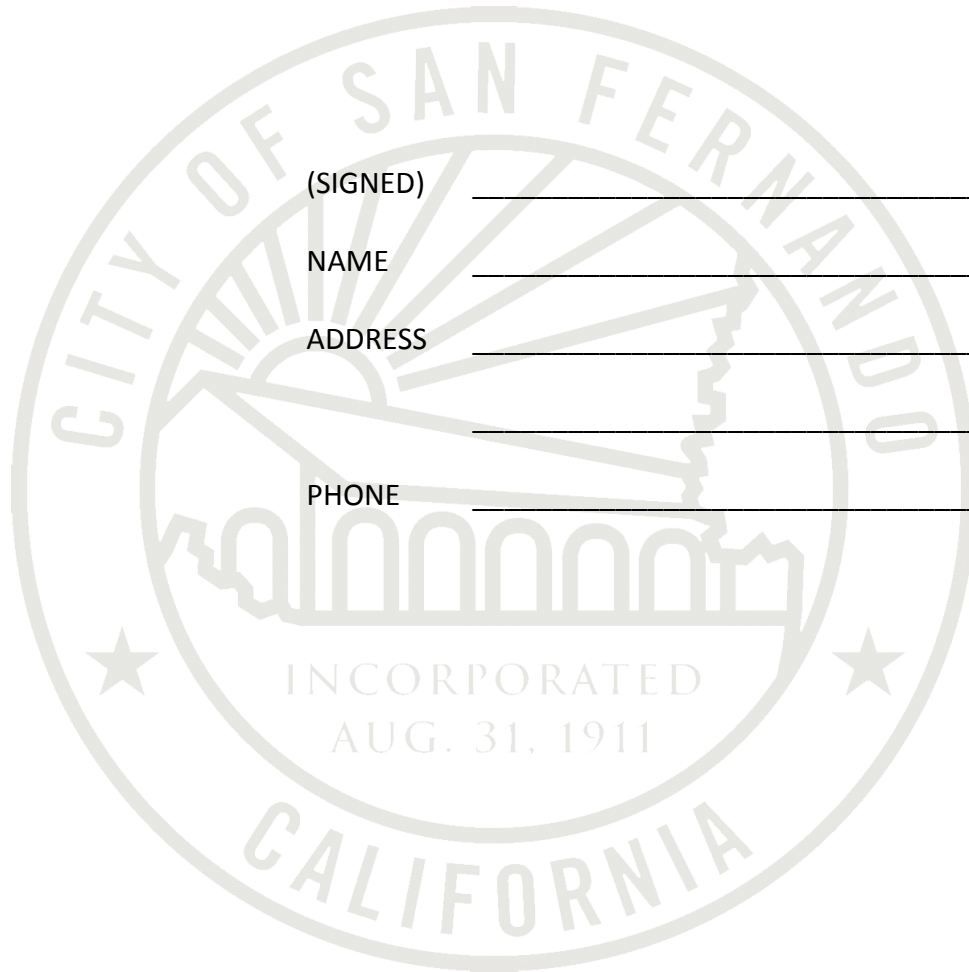
I certify under penalty of perjury that the foregoing is true and correct.

(SIGNED) \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_



**FOR OFFICE USE ONLY**

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