

APPLICATION FOR DAY CARE CENTER INSPECTION

NAME OF FACILITY _____

ADDRESS _____

PHONE NUMBER _____ CONTACT: _____

OPERATOR'S NAME _____

OPERATOR'S INSURANCE COMPANY _____

BUILDING OWNER'S NAME _____

PROPOSED NUMBER OF CHILDREN TO BE CARED FOR _____

OCCUPANT LOAD FACTOR:

1. New construction: 35 square feet per person.
2. Not new construction or which was not in existence at the time of adoption of Chapter 17, Twin Falls City Code, with prior approved fire inspections: 50 square feet per person.

Zoning District

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Special Use Permit: (Application Needed) |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Certificate of Occupancy: \$25.00 |
| <input type="checkbox"/> Old town | |

Items Needed:

1. Site plan (drawn to scale) showing the property lines and location of building on the lot.
2. Floor plan (drawn to scale) showing designated use of each room.
3. Elevation view of each side of facility having ingress and egress (i.e. door dimensions and hardware).
4. Window details in rooms used for sleeping purposes.
5. Smoke detector locations shown on floor plan.
6. Telephone location(s) shown on floor plan.
7. Fire extinguisher location(s) shown on floor plan.
8. Stairway details if day care is to be provided on any floor other than main floor.
9. Fire Department inspection required (\$25.00 fee for inspection) and renewal of inspection certificate.

Application submitted by _____ (Print name) _____ (Signature)

Received by _____ Date _____