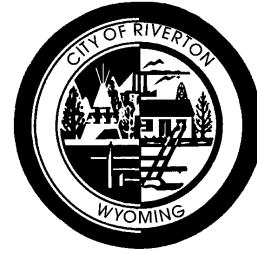


City of Riverton, Wyoming

816 N. Federal Blvd.
Riverton, WY 82501
(307) 856-9129 (Phone)
(307) 857-7470 (Fax)
www.rivertonwy.gov



Child Care Permit

R.M.C. 5.08 Child Care Facilities

The non-refundable fee for this permit is \$65.00

Date Received: _____ NEW APPLICATION _____ RENEWAL _____
Cash, CC, or Check #: _____ Fire Inspection Completed: Yes _____ NO _____

Petitioner Information: Name: _____
Mailing Address: _____
Email Address: _____
Phone Number: _____ Fax Number _____

Property Owner Information: Name: _____
Mailing Address: _____
Email Address: _____
Phone Number: _____ Fax Number _____

Child Care Facility Name: _____
Child Care Facility Address: _____
Zone Designation of Facility: _____

- Type of Child Care Facility:
- A. ___ FAMILY CHILD CARE HOME (FCCH) where care is provided for three (3) to ten (10) unrelated children from more than one immediate family for part of a day in the home of the provider. (Only facility allowed in Residential A)

 - B. ___ FAMILY CHILD CARE CENTER (FCCC) where care is provided for a maximum of fifteen (15) unrelated children for part of a day in a residential or commercial type structure.

 - C. ___ CHILD CARE CENTER (CCC) where care is provided for sixteen (16) or more children for part of the day by any private person, partnership, association, or corporation that is operating a business for profit or otherwise.

Maximum number of children to be cared for at any given time: _____
Age of Children to be cared for: _____
Days and hours of operation: _____

Attach a site plan of the property that shows the following:

- Name of child care facility and business owner.
- Property street address.
- Date and north arrow
- Property lines and all structures (existing and proposed).
- Existing and proposed parking and traffic flow (parent drop off and pick up).
- Areas used for the child care operation (show square footage of each designated area).

Signature Required:

I acknowledge that I have read and understand this application and the Riverton Child Care Permit regulations. I certify that the information provided with this application is true and correct and false or inaccurate information used by an applicant to secure compliance with the Zoning Ordinance shall be reason to deny or revoke any application or permit. I understand that is the responsibility of the applicant and/or property owner to secure any and all required Local, Federal, and State Permits (i.e. Department of Family Services, Building Permits, etc.) and I agree to contact those agencies/departments accordingly. This permit is valid only after the City receives the Wyoming Department of Family Services Certificate from the applicant.

Signature of Applicant _____ Date _____

Signature of Owner _____ Date _____

Approved / Denied by Board of Adjustment action on _____, 20__

CITY OF RIVERTON, WYOMING

Community Development Director