



Application Number _____

1. SITE INFORMATION:

Street Address _____

City/State/Zip _____

Jurisdiction (City, Village, or Township project is in) _____

Daycare Center Type A Home Type B (CCDJFS)

Name of Center/Type A Home _____

2. OWNER INFORMATION

Owner name _____

Address _____

City, State, Zip Code _____

Phone _____ Fax* _____

E-Mail * _____

3. EXISTING FACILITY TYPE

Single Family Residence (Type A) Multifamily Residence

School Church Business

Other _____

Floors Used – Check all that apply

Story Below Grade 1st Floor Second Floor or more

other (describe below)

Copy of existing Certificate of Occupancy submitted with this Application?

yes no

4. FACILITY INFORMATION

Total square feet of building _____

Square feet of space used for Daycare _____

Is this facility handicap accessible? yes no

Floor plan submitted? yes no

Are rooms located on the level of exit discharge yes no some

Do rooms have exits directly to the outside? yes no some

Are restrooms provided? yes no

Does facility have a kitchen? yes no

Does facility have fire alarms? yes no

Does facility have a sprinkler system? yes no

5. NUMBER OF CHILDREN

Number of Children < 30 months of age _____

Number of Children > 30 months of age _____

6. OPERATIONAL CONSTRAINTS

Days of Operation _____

Time of Operation _____

Seasonal Operation? (school year, fall only etc) yes no

Food service? yes no

7. FIRE INSPECTION

Fire Department Inspection Completed? yes no

Fire department must inspect the facility in conjunction with this department or a written fire inspection report from the fire department having jurisdiction must be submitted before a certificate of occupancy will be issued and Ohio Daycare Inspection Report completed.

8. APPLICANT INFORMATION:

Contact Person _____

Company Name _____

Address _____

City, State, Zip Code _____

Phone _____ Fax* _____

E-Mail * _____

I hereby certify that I am the Owner of Record, or that the proposed work is authorized by the Owner of Record, that I have been authorized by the Owner to make this application as his Agent, and that we agree to conform to ALL laws of the County and the State, and that all information on this application is truthful to the best of my knowledge. I also understand that UPFRONT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Applicant Signature _____ Date _____

OFFICE USE ONLY

Received: Counter Mail Fax E-mail

Intake Person _____ Date _____

Upfront Fee Paid \$ _____

Date of Inspection Requested ___/___/___

Notified applicant of approval ___/___/___ By: _____

Balance Due \$ _____

Date Picked Up _____

BUILDING OFFICIAL USE ONLY

Certificate and Inspection Report Approved ___/___/___

Approved by: _____

The Building Official shall be notified of inspection not less than twenty-four (24) hours in advance.

Contact Information:

Clark County Community & Economic Development
Springview Government Center
3130 E. Main St., Suite 1A
Springfield, OH 45505
937-521-2160
937-328-2621 fax

E-mail: www.communitydevelopment@clarkcountyohio.gov

Website: www.clarkcountyohio.gov

Office Hours:

Monday through Friday
Office opens at 7:30 am

Front Counter closes at 4:00 pm

Office closed at 4:30 pm

Related Agency Contact Information

Clark County Combined Health District
529 E Home Rd
Springfield, OH 45503 937-390-5600
health@ccchd.com

Clark County Utilities Department
3130 E. Main St.
Springfield, OH 45506 937-521-2150
utilities@clarkcountyohio.gov

Clark County Auditor
31 North Limestone
Springfield, OH 45501 937-521-1891
auditor@clarkcountyohio.gov

Clark County Department of Jobs and Family Services
1345 Lagonda Ave
Springfield, OH 45503
937-327-1700

Fire Service depends on township, city or village. Please refer to local directories.