



# Cleveland County NORTH CAROLINA

## APPLICATION FOR A CHILD CARE FACILITY

**Name of Facility:** \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_

Facility phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner of Business:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner of Building:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please specify the following:**

Sewer:  Public/Municipal  On-site Wastewater System

Water:  Public/Municipal  Private Water Supply

*\*Facilities connected to an on-site wastewater system may require an existing systems inspection.*

Total # of children on roll? \_\_\_\_\_ Total # of employees? \_\_\_\_\_ Total # of shifts? \_\_\_\_\_

New construction or remodel? \_\_\_\_\_

Is the facility already an existing daycare?  Yes  No

If so, name the facility \_\_\_\_\_

If remodeling or moving into an existing building, please provide the year built. \_\_\_\_\_

Will you be preparing:

Fresh vegetables?  Yes  No    Fresh poultry?  Yes  No    Frying foods?  Yes  No

Will you be using multi-use utensils or disposable single service items for foodservice?  Yes  No

Will you be providing food service in individual rooms for infants/children?  Yes  No

Will you be providing care for children in diapers in classrooms?  Yes  No

If so, please list classrooms: \_\_\_\_\_

**Please submit the following along with the completed application:**

- Zoning approval for facility to be licensed as a child care facility.
- a menu or list of possible foods to be served
- a site plan including all structures and property lines, location of solid waste disposal, playgrounds, entrances, etc.
- a detailed drawing of all rooms (including age groups of the children housing each classroom), equipment layout of kitchens, bathrooms, location of sinks and diaper changing facilities,
- a schedule of floor, wall and ceiling coverings of each room

*You will be responsible for obtaining approval from appropriate zoning and building inspection departments. Their numbers are included below to assist you.*

**ZONING / BUILDING INSPECTION**

Shelby 704-484-6805

Kings Mountain 704-734-4599

Cleveland County 980-484-4975/4997

**FIRE MARSHALLS**

704-484-6816

704-734-0555

980-481-4841

If your business will be located in any jurisdiction other than those listed above, please check with your city manager and/or town hall for permitting assistance.

**Proposed opening date:** \_\_\_\_\_

**Date Application Submitted:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**APPLICATIONS CAN BE SUBMITTED IN PERSON OR BY MAIL TO:**

Cleveland County Permits Office

1333 Fallston Road

Shelby, NC 28150