

# Graham County Department of Public Health



## Application for a Child Care Center

Name of Child Care Center: \_\_\_\_\_

New       Existing

Type of Child Care:     Small (30 or fewer children)       Large (30 or more children)

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

Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Proposed Start of Construction Date: \_\_\_\_\_ Proposed Opening Date: \_\_\_\_\_

Owner or Corporate Name: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

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

(if different from location address)

Contact Person: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

(if different from owner)

Number of Staff: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_ Square Footage of Building: \_\_\_\_\_

Meals Served:       Breakfast     Lunch     Dinner

Water Supply:       City       On-Site      Date Drilled: \_\_\_\_\_

Sewage Disposal:     City       On-Site      Existing Grease Trap:  Yes

No

If septic system is on-site:

Name of Original Owner: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

I have submitted plans/application to the following:

Building Inspector      Date: \_\_\_\_\_      Contact Person: \_\_\_\_\_

Fire Marshall      Date: \_\_\_\_\_      Contact Person: \_\_\_\_\_

I hereby certify that the above information is accurate, and understand that any changes must be approved by the Graham County Department of Public Health. Failure to provide any requested information may delay or prevent issuance of an operating permit.

# Graham County Department of Public Health



Applicants Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Establishment ID Number Assigned: \_\_\_\_\_ Water Sample Results: \_\_\_\_\_

Copy of Applicable Rules Mailed [ ] or Given [ ] Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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