

**APPLICATION FOR ZONING COMPLIANCE  
FOR  
DAY CARE CENTER**

**THIS SPACE FOR OFFICE USE ONLY**

PERMIT NUMBER: \_\_\_\_\_ GA PIN NUMBER: \_\_\_\_\_

USE TYPE: (check one) CU  PU  CU w/SPR  PU w/SPR

PROPOSED USE: \_\_\_\_\_

USE CATEGORY: \_\_\_\_\_

PANEL NUMBER: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

QUAD: \_\_\_\_\_ PARCEL: \_\_\_\_\_

REFERENCE OTHER PERMITS: \_\_\_\_\_

SETBACKS: FRONT: \_\_\_\_\_ SIDE: \_\_\_\_\_ SIDE: \_\_\_\_\_ REAR: \_\_\_\_\_ VARIANCES: \_\_\_\_\_

**\*\*PROPERTY INFORMATION:** NUMBER OF ACRES \_\_\_\_\_ OR NUMBER OF SQUARE FEET \_\_\_\_\_  
LOT WIDTH OF THE PROPERTY? \_\_\_\_\_ FEET\*\* (REQUIRED INFORMATION)

ANY VARIANCES NEEDED: \_\_\_\_\_

AGENDA DATE (If applicable): \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

FEE CATEGORY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT LEGIBLY**

DATE: \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_

2. E-mail address for **primary contact** (required) \_\_\_\_\_

**Note:** When possible, any correspondence for an agenda item will be by email.

3. **Property Owner's or Property Manager's Name:** \_\_\_\_\_

4. **Address of Proposed Use:** \_\_\_\_\_

5. Applicant's Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Is the property located **Within** Macon City Limits? Yes  No  (check one)

7. List the building setbacks (distance of house from the property line): Front \_\_\_\_\_, Right side \_\_\_\_\_, Left side \_\_\_\_\_, Rear \_\_\_\_\_

8. Is this application for **NEW CONSTRUCTION**? Yes  No  (*check one*)
9. Is this application for **USE IN AN EXISTING STRUCTURE**? Yes  No  (*check one*)
10. How many **off-street** parking spaces will be provided? \_\_\_\_\_
11. Is this property on Public Sewer?  or Septic Tank?  (*check one box only*)

**PLEASE NOTE: Septic tank approval from the Health Department is needed for all new construction on properties not connected to public sewer.**

12. Is your outside play area fenced? Yes  No
13. Will you have any employees? Yes  No  If **YES** explain: \_\_\_\_\_
14. What days will you operate? \_\_\_\_\_
15. What hours will you operate? \_\_\_\_\_
16. How many children will be cared for with the proposed day care? \_\_\_\_\_
17. What is the age range for the children to be cared for? \_\_\_\_\_
18. Will any sign be erected on this property? Yes  No
19. Is there a creek, stream, or major drainage way on this property? Yes  No
20. Is this property or a portion of this property located in an established 100-year flood plain?  
Yes  No

**21. Provide a site plan drawing that shows the following information:**

- (A) The shape and dimensions of the entire lot, including the location of streets adjacent to the property.
- (B) The location of all buildings on the lot, including the setbacks of each building from all property lines. Shade the day care area of the building.
- (C) The location of all available parking on the property including drop-off and pick-up areas.
- (D) The location of any outside play areas indicating fence location.

22. Will signage be added or changed on this property? Yes  No

**NOTE:** This application applies to the construction and/or use of a day care center only. If signage is required, please alert office staff and they will assist with the separate signage application. Signage is NOT permitted under THIS application.

Applicant's Mailing Address: P. O. Box No. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PLEASE READ, SIGN AND DATE**

All statements on this application are true to the best of my knowledge and belief. I realize that distances should be exact and if errors result in a violation of zoning regulations, then the structure will have to be removed. I am aware that restrictive covenants may exist on this property which could affect this proposal and that it is my responsibility to make sure those restrictive covenants are not violated. As applicant, I hereby grant permission for Planning and Zoning personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Resolution for the City of Macon and Bibb County, Georgia.

**I hereby attest that I am the owner of the referenced property or have permission from the owner to make this application.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_