COMMONWEALTH OF VIRGINIA
DEPARTMENT OF EDUCATION

CONTACT WITH LOCAL ZONING ADMINISTRATOR

THE FOLLOWING INDIVIDUAL PLANS TO SUBMIT AN APPLICATION FOR A LICENSE TO PROVIDE HOME-BASED CHILD CARE PURSUANT TO §§ 22.1-289.02 and 22.1-289.011 OF THE CODE OF VIRGINIA

To Be Completed by the Home-Based Child Care Operator

NAME OF APPLICANT _____

PHYSICAL ADDRESS_____
STREET OR ROUTE NO. CITY STATE ZIP

APPLICANT'S PHONE NO.:_____EMAIL ADDRESS:_____

THE HOME IS LOCATED IN THE COUNTY OR CITY OF _____

APPLICANT IS REQUESTING A LICENSE TO CARE FOR THE FOLLOWING NUMBER OF CHILDREN (NOT INCLUDING CHILDREN WHO RESIDE IN THE HOME): _____

To Be Completed by Local Zoning Administrator

THE ZONING ADMINISTRATOR'S SIGNATURE ON THIS FORM VERIFIES THAT THE APPLICANT HAS INFORMED THE ZONING ADMINISTRATOR OF HIS/HER PLANS TO APPLY FOR A LICENSE TO PROVIDE HOME-BASED CHILD CARE AT THE ADDRESS ABOVE.

Tax Map #	Parcel #	Zoning District

_____
Printed Name of Zoning Administrator

_____ _____
Signature of Zoning Administrator Date

Telephone Number: _____

Email Address: _____

Comments: