



# PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE, ID 83701-0500  
CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529

Record No.:

For Office Use Only

## Child Care

### Address

Street No.:  Direction:  Street Name:  Street Type:  Unit Type:  Unit No.:

City:  State:  Zip Code:  Zoning District:

Parcel Number:  Subdivision Name:  Block:  Lot:

Additional Parcel Numbers:

### Applicant Information Primary Contact

First Name:  Last Name:  Company:

Address:  City:  State:  Zip Code:

Email:  Main Phone:  Cell Phone:

### Representative Information Primary Contact Same as Applicant?

First Name:  Last Name:  Company:

Address:  City:  State:  Zip Code:

Email:  Main Phone:  Cell Phone:

### Owner Information Primary Contact Same as Applicant?

First Name:  Last Name:  Company:

Address:  City:  State:  Zip Code:

Email:  Main Phone:  Cell Phone:

## Project Information

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Project Name (if applicable):

**Project Proposal:** - Please provide a brief narrative of your project in the Project Proposal field, and answer all other questions to the best of your ability.

## Property Information

Size of Property: - Acres

## Child Care

If approved by our department, you must apply for a Child Care Facility license from the City Clerk's Office before you begin operation. More information can be found within the [City Clerk Website](#). Go to [www.cityofboise.org](http://www.cityofboise.org), enter 'Childcare Facility' into the search field to quickly access the information.

**Type of child care you are proposing:**

- Group Child Care Home (7-12 children)  
 Group Child Care Center (7-12 children)  
 Intermediate Child Care Center (13-20 children)

**Number of children you propose to care for:** - Do not include your own children in this count.

**Will you be hiring any employees who do not reside on the premises:**

- Yes  No

**Number of non-resident employees:**

**Is the child care in your home:**

- Yes  No

**Is the child care located on an arterial or collector street:** - If unknown, contact PDS at 208-608-7100. If yes, the pick-up/drop-off area must be designed to prevent vehicles from backing onto the roadway.

- Yes  No

**Are you proposing changes to the property or home:**

- Yes  No

**Please explain any proposed site or structure changes:**

**Irrigation Ditches/Canals on the property or adjacent:**

- Yes  No

**Location of ditches or canals on property and how you will protect children from them (such as fences):**

**Have you notified adjacent property owners and occupants:**

- Adjacent properties include across streets, alleys and right of ways, including canals.

- Yes  No

## Fire Prevention

**Fire Flow:** - PSI - Fire Flow information is provided by [Suez Water](#) - [www.mysuezwater.com](http://www.mysuezwater.com). Visit their website to obtain data and the required form.

**Is the building sprinklered?:**

- Yes  No

**Number of Existing Hydrants:** - All hydrant locations must be shown on site plan.

**Number of Proposed Hydrants:** - All hydrant locations must be shown on the site plan. Suez Water approval is required.

**What volume of water is available?:** - GPM - Water Volume information is provided by [Suez Water](http://www.mysuezwater.com) - [www.mysuezwater.com](http://www.mysuezwater.com). Visit their website or view your existing water bill to obtain the required data.

### Fence

Existing or Proposed	Location	Type	Height	Notes	
Existing	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Street Side <input type="checkbox"/> Other				
Proposed	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Street Side <input type="checkbox"/> Other				

### Submittal Requirements

This planning application includes a Required Submittal Checklist. If you do not already have a current checklist, please use the links below to download the correct form for your application.

- [Child Care Submittal Checklist](#)

By signing below:

1. The undersigned is the owner of the indicated property or acting as the owner's authorized representative.
2. The undersigned declares that the above provided information is true and accurate, and acknowledges that failure to provide true and accurate information may result in rejection of this application, possible revocation of the permit where wrongfully issued and subject the undersigned to any applicable penalties.

\_\_\_\_\_  
Print Authorized Representative or Owner's Name

\_\_\_\_\_  
Authorized Representative or Owner's Signature

\_\_\_\_\_  
Date