

Date & Time Received: _____ By Whom: _____
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**CITY OF BIRMINGHAM**  
**DEPARTMENT OF PLANNING, ENGINEERING & PERMITS**  
 710 20<sup>th</sup> Street, North  
 ROOM 500, CITY HALL  
 BIRMINGHAM, ALABAMA 35203

Larry P. Langford  
Mayor

Andre V. Bittas  
Director

Date of Application \_\_\_\_\_  New  Existing

(1) NAME OF FACILITY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

(2) NAME OF OPERATOR/PROVIDER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ZIP CODE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

(3) NAME OF \_\_\_\_\_  
 FAMILY CARE HOME (1-6 children)  FAMILY GROUP CARE HOME (7-12 children)  
 CHILD CARE CENTER (13 or more)  ACCESSORY USE CHILD CARE CENTER  
 ADULT CARE

(4) TOTAL NUMBER OF CHILDREN/ADULTS CARED FOR AT FACILITY: \_\_\_\_\_

(5) DAYS / HOURS OF OPERATION  
 \_\_\_\_\_  
 \_\_\_\_\_

(6) EMPLOYEES NAME AND ADDRESS, (excluding Operator/Provider)

Name	Address	Position (Full/Part Time, Substitute and Alternate)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(7) If facility is a FAMILY CARE HOME (1-6 children) or a FAMILY GROUP CARE HOME (7-12 children, 6 years of age or younger must be listed below):

Name	Date of Birth	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature below, I hereby certify that all of the information provided on this application is true and correct. I understand that no changes in the operation of this facility may be made without approval of the Department of Planning, Engineering and Permits. I also understand that this application and Zoning Certificate of Operation, if granted, are not transferable.

(8) Operator/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

