CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
710 20th Street, North
ROOM 500, CITY HALL
BIRMINGHAM, ALABAMA 35203

Randall L. Woodfin, Mayor
Edwin Revell, Director

Date of Application

(1) NAME OF FACILITY:
ADDRESS: ________________________________________ ZIPCODE: ______________________________________

Are you the owner of the property listed above? [ ] Yes [ ] No If no, provide the following information:

NAME: __________________________________________ ADDRESS: ______________________________________
TELEPHONE: ________________________ CELL PHONE: ________________________ EMAIL: ________________________

(2) NAME OF APPLICANT/OPERATOR:
ADDRESS: ______________________________________ ZIPCODE: ______________________________________
TELEPHONE: ________________________ CELL PHONE: ________________________ EMAIL: ________________________

(3) FACILITY PROPOSED:
[ ] 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
Accessory to: ________________________
(church, school, etc.)

(4) TOTAL NUMBER OF CLIENTS SERVED/PROPOSED AT FACILITY:

(5) LIST DAYS AND HOURS OF OPERATION

(6) EMPLOYEES

Family care providers must provide substitute employee and alternate employee information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family Group care providers must provide substitute, alternate, full time and part time employees’ information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(7) FAMILY CARE HOME or FAMILY GROUP CARE HOME must list resident children 6 years of age or younger:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Operator/Provider: ________________________ Date ________________________

Property Owner’s Approval ________________________ Date ________________________
Z.C.O. NUMBER

BUSINESS LICENSE NUMBER

D.H.R. NUMBER

ANNIVERSARY DATE

P.I.D.

ZONE DISTRICT

NEIGHBORHOOD

TYPE OF FACILITY:  ☐ Single Family Detached  ☐ Other

PARKING SPACES:  Required  Provided  Improved

Pick-Up / Drop-Off Area required by Department of Traffic Engineering:  ☐ Yes  ☐ No

Playground Area / Equipment

Signage

1,000 foot spacing requirement

Zoning Case  Z.B.A. Code  Subdivision Case

Date sent to Neighborhood

NOTES

☐ Approved  ☐ Denied  By  Date

PEP 20121102  ZCO - Page 2 of 2