

Business License Number: _____
Date and Time Received: _____
By Whom: _____

CITY OF BIRMINGHAM

DEPARTMENT OF PLANNING, ENGINEERING & PERMITS

710 20th Street, North

ROOM 500, CITY HALL

BIRMINGHAM, ALABAMA 35203

Randall L. Woodfin, Mayor

Katrina R. Thomas, Director

Date of Application _____ ☐ New ☐ Existing

(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:

Name	Address
_____	_____
_____	_____

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

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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.

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 _____