



OLD VALUES - NEW HORIZONS
COMMUNITY DEVELOPMENT
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Home-Based Day Care
Customary Home Occupation Application
Conditional Use Permit

Property Owner _____ Phone _____

Property Owner Mailing Address _____

Property Owner Fax _____ Property Owner Email _____

Applicant (if other than owner) _____ Phone _____

Applicant Mailing Address _____

Applicant Fax _____ Applicant Email _____

Tax Map Number: (Map – Block – Lot) ____ - ____ - ____ Zoning District _____

Answer (fill in blanks):

1. What type of Day Care are you proposing (as defined in *Section 602.10.1-2 of the Zoning and Land Use Regulations*)?
_____ Family Group Day Care Home _____ Family Day Care Home
2. Will the proposed Day Care be clearly incidental and secondary to the residential use? **Y/N**
3. What are the hours of operation for your home-based day care? _____
4. Will you be hiring any employees? **Y/N** If "Yes" How many FT/PT? _____

Answer (circle Y or N):

5. Will the Day Care change the character of the neighborhood? **Y/N**
6. Will the Day Care occupy more than 25% of the normal living area of the dwelling? **Y/N**
7. Will the Day Care adversely affect neighboring properties, by reason of any unusual signage, lighting, noise, odors, or traffic? **Y/N**
8. Will any additional parking in excess of those necessary for residential purposes be needed? **Y/N**

***If the answer is "YES" to any of the items 5-8 provide additional info on a separate page.**

Provide the following (check):

- Completed Abutter List (attached) and 2 Sets of mailing Labels
- Is there an adequate water supply to meet the needs of the residence and home-based day care Business? ** Y/N
- Is there an adequate sewage disposal system to meet the needs of the residence and home-based day care Business? ** Y/N
- A site plan of the property detailing the location of driveway entrances

****If "Yes" provide copy of well and septic plans. If "No" explain how this will be addressed.**

Completed Applications will be scheduled for a public hearing and review by the Planning Board. Planning Board Approval is required before a Conditional Use Permit will be issued.

By signing, I am affirming that I understand that I am applying for a Home Based Day Care/Customary Home Occupation Conditional Use Permit. All application information is accurate to the best of my knowledge.

Applicant Signature ***Date*** _____
Property Owner Signature ***Date***

Staff Use Only

Received by _____ Date _____

Permit Fee \$100+\$25 Legal Ad+\$6 per abutter **Cash/Check No.** _____

Planning Board Case Number _____ Date of Planning Board Public Hearing _____