



City of Manassas

HOME CHILD CARE APPLICATION AND PERMIT

Application Date: _____
Permit Number: _____

Applicant Name: _____

Site Address: _____ Manassas, VA 20110

Phone #: _____ Email: _____

Business Name (if applicable): _____

Mailing Address (if different): _____

I request permission to operate a family day home with a maximum of four (4) children not of my own parentage, in my home at the above-referenced address. I understand that, in accordance with Secs. 130-93 and 130-96 of the zoning ordinance, a family day home is only permitted as an accessory use and that this City approval is only for a maximum of four children. Issuance of this permit does not negate compliance with nor supersede any private covenants or restrictions attached to the dwelling unit that would otherwise prohibit this activity.

Applicant Signature: _____ Date: _____

<u>For Office Use Only</u>	FEE PAID: \$25.00
ZONING DISTRICT: _____	Account # 100-0000-313.33-20
Address Verified: _____	PARCEL ID # _____
Zoning Administrator or Designee: _____	
Approval Date: _____	
<p><small>You have a right to appeal this decision within thirty days in accordance with Virginia Code §15.2-2311. This decision shall be final and unappealable if not appealed within thirty days. You may appeal by filing a notice of appeal, specifying the grounds thereof, with the Zoning Administrator. The fee for an appeal is \$500, plus the cost of public hearing newspaper advertisements.</small></p>	