

## City of Ashland Building Division

51 Winburn Way • Ashland, OR 97520 Phone (541) 488-5305 • Fax (541) 488-6066

Email: <u>Building@ashland.or.us</u>

## **Home Occupation Permit for Childcare Facilities**

Name:				Date:	
Site Address:					
Phone: (	)		Email:		
YES	NO				
		Are you currently operating a care factoritied home with the State)?	cility in an approved	home per ORS 329A (Registered or	
		Are you opening or reopening a care Certified home with the State)?	facility in a previous	y approved home (Registered or	
		Are you Changing licenses in an appr	oved home?		
		Are you Changing ownership from on	e license to a new li	cense in an approved home?	
If the answer to any of the above question is Yes, provide proof of licensing through the State of Oregon and no building code review will be required.					
YES	NO				
		Are you constructing a new home that	t will be used as a ca	are facility?	
		Are you opening a new care facility in	a home not previou	sly approved?	
		Are you relocating a care facility to a different home not previously approved?			
If the answer is Yes to any of the questions above, then please provide answers to the following questions.					
What are the age of children receiving care?					
2. How many children receive care at one time at this facility?					
What type of activities happen at the place of care?					
4. Is the facility located in a 1 or 2 family dwelling?					
5. Is this a new house under construction?					



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6. Is this a new childcare use in an existing home?
7. Please provide a floor layout with an egress plan.
8. Is the use on the level of exit discharge? (ground floor level)
9. Is this a registered (4 to 10 children or less registered with the State) or a Certified (4 to 16 children registered with the State) facility?
10. Please provide proof of State licensing.