Family Day Care - Large

FAMILY DAY CARE - LARGE is defined as a day care facility in a single-family dwelling where an occupant of the residence provides family care for seven to 14 children, inclusive, including children under the age of 10 years who reside in the home.
SUBMITTAL REQUIREMENTS

___ 3 copies of completed application form and any applicable supplements.

___ 1 copy of a license or statement of exemption from Santa Barbara County Social Services Dept.

___ 3 copies of site plan drawn to scale.  
   Click to download Site Plan and Topographical Map Requirements

___ 3 copies of floor plan drawn to scale.

___ Check payable to Planning & Development.

___ Indemnification Agreement.
## PLANNING & DEVELOPMENT
## PERMIT APPLICATION

### PROJECTSITE:
1. Assessor Parcel Number: ________________________________
2. Address: ________________________________________________
3. Parcel Size (Acres/Sq.Ft.): Gross __________________ Net __________
4. Zoning: _________________________________________________
5. Comprehensive/Coastal Plan Designation: ______________________
6. Describe your project: ______________________________________
7. Number of children to be supervised: _________________________

### CONTACTS:
**Owner:** ____________________________________ **Phone:** ____________________
- Mailing Address: _______________ **E-mail:** ____________________
  - Street: __________ City: ______ State: ___ Zip: ________

**Applicant:** ____________________________________ **Phone:** ____________________
- Mailing Address: _______________ **E-mail:** ____________________
  - Street: __________ City: ______ State: ___ Zip: ________

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**Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.**

* I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

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**Signature**

**Print name/date**

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**COUNTY USE ONLY**

Case No.: ___________________________ **Submittal Date:** ___________________________
Date Accepted for Processing: ___________ **Applicable Zoning Ord.:** ________________
**Supervisory District:** ___________________________ **Companion Case No(s.):** ________________
Project Planner: ______________________ Subdivision Committee Hearing Date: __________
Project Name: ______________________  Project Description: ______________________