

PROPOSED BUILDING: (Continued)

6. Type of water supply: Public Private
7. Type of sewage disposal: Public Private
8. If existing building, will any alterations or additions be made to the building's structure? YES NO
If YES, describe: _____

9. List all permits that will be obtained from local jurisdiction (*building, alteration, plumbing, etc.*): _____

10. Is there a swimming pool on the premises? YES NO
If YES, describe: _____
Has this pool been inspected by the local jurisdiction? YES NO
Is the pool to be used by children in care at the facility? YES NO

PROPOSED SCOPE OF SERVICE

1. Describe type of facility: _____

2. Months of Operation: _____

3. Days of Operation: _____

4. Hours of Operation: _____
5. Ages to be served (be specific): _____
6. Capacity: (**Note:** Capacity is established by the OCC regional office based on available space, staff, equipment, and sanitary facilities. The capacity at opening may be set lower than what the building can accommodate, but the capacity may be increased as staff and equipment are added. It is important at this time to have the building approved by the local jurisdiction for the maximum number of children.)
Total planned capacity: under 2: _____ over 2: _____ Proposed capacity at opening: under 2: _____ over 2: _____

PROPOSED FOOD SERVICE

1. Type of Food Service: Carried Lunch Catered
 Lunch prepared at Facility Snacks prepared at Facility
 Other, explain: _____
2. If a kitchen currently exists, describe existing equipment and fixtures: _____

Note: a food prep sink and a separate handwashing sink that prevents cross contamination is needed if the program is full day and will be serving meals and/or snacks.

Applicant's Signature

Date