



## Planning & Zoning Department

# Day-Care Home Occupation Registration

**Staff Use Only**

Project Name: \_\_\_\_\_ File Number: **HOD-** \_\_\_\_\_ -20 \_\_\_\_\_

Zoning Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nonrefundable Fee: **\$100.00**

**Please provide the following required documentation to complete the application. Applications should be submitted through the Citizen Self Service (CSS) portal online. Instructions can be found on our website [cityofnampa.us/255/Planning-Zoning](http://cityofnampa.us/255/Planning-Zoning) under the *Apply for a Planning Permit* link.**

Applicant	Staff	Description
		A scale drawing of the site showing where within the home the daycare will be operated.
		Signed & Notarized Affidavit of Legal Interest. Form <b>must</b> be completed by the legal owner.
		Proof an approved Fire Inspection. (Schedule Fire Inspection 208-468-5770)
		Proof of an approved electrical permit and inspection. (Contact the Building Department 208-468-5435) <b>Only required if caring for 7-12 children</b>
		Copy of current utility bill in the applicants name.
		A statement describing the details of your Day-Care Home Occupation, including operating hours (hours per day, and days per week), number of children, and any other relevant information.
		Associated fees
		Master Application form

**Please answer the following questions:**

YES	NO	Question
		Is the facility in your principal residence?
		Are you proposing any structural changes which will change the character of the building as a residence? (The building must retain the appearance of residential use in terms of operating characteristics and can not destroy the residential character of the neighborhood).
		Will you be hiring any employees who do not reside on the premises? (In-home daycare providers are allowed one assistant)
		Will you have a sign? (Only a non-illuminated nameplate less than two (2) square feet in area is permitted)
		Will the In-Home Daycare cause any abnormal automotive or pedestrian traffic? (Vehicular or pedestrian traffic shall not be generated in volumes beyond that normal to the use in the zoning district in which the home occupation is located. If additional parking is needed it shall be met off-street and not in the landscaped front yard).
		Will the home occupation cause any unsightliness or nuisances to the outside of the dwelling or accessory building used for the home occupation? (Nuisances: No excessive noise that causes interference to the normal senses of the lot).

How many of your own children will you be watching?  
 \_\_\_\_\_ (age 6 and under) \_\_\_\_\_ (age 7 and older)

How many children do you propose to care for (not counting your own)? \_\_\_\_\_

If you are caring for more than 6 children, please speak with a member of the Planning and Zoning Staff as a Conditional Use Permit may be required.

Total number of children to be cared for? \_\_\_\_\_

**Notice: See NCC Section 10-1-10 for all applicable regulations pertaining to Home Occupations.**

It is the intent of the home occupation ordinance that full scale commercial or professional type operations that would change the appearance or condition of a residence and/or be detrimental to neighborhood character, and would ordinarily be conducted in a commercial or industrial district, continue to be conducted in such district and not at, or from, residential property/dwelling unit. **Daycare home occupations in AG, RA, RS, RD, RP, RMH and RML are limited to 6 or fewer children (including the caregiver's children 6 years and under) unless a Conditional Use Permit is applied for and approved by the Planning Commission.** Daycare home occupations in the U, RMH, and RP zones are allowed to have up to 12 children (including the caregiver's own 6 years and under) without a Conditional Use Permit being required.

**\*All Day-Care/Preschool applications will require a fire inspection.**

**Please Note:**

Reports of property damage to surrounding properties or unsupervised children will be followed up by the City of Nampa, Planning and Zoning Division.

**\*\*Acceptance by the City of this registration does not abrogate an applicant's need to comply with all other civil, local, state or federal agency laws, covenants or standards that may appertain to operation of a home based business.**

<p><b>Certification:</b> I am aware of the standards and conditions under which my day-care home occupation is allowed and understand that I must be able to prove residence at the above stated address, if necessary and that if any of the standards are violated I am guilty of a misdemeanor. I am aware that this statement of compliance is for the above stated occupation and business and that if I change addresses, change occupations, or discontinue the occupations that this statement becomes invalid and another statement would need to be filed.</p> <p>Signature: _____ Date: _____</p>
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# Planning & Zoning Department

## Master Application

**Staff Use Only**  
Project Name: \_\_\_\_\_  
File Number: \_\_\_\_\_  
Related Applications: \_\_\_\_\_

### Type of Application

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- |   |  |
|---|--|
| <input type="checkbox"/> Accessory Structure          | <input type="checkbox"/> Legal Non-Conforming Use                |
| <input type="checkbox"/> Annexation/Pre-Annexation    | <input type="checkbox"/> Planned Unit Development/MPC            |
| <input type="checkbox"/> Appeal                       | <input type="checkbox"/> Subdivision                             |
| <input type="checkbox"/> Design Review                | <input type="checkbox"/> Short                                   |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Preliminary                             |
| <input type="checkbox"/> Conditional Use Permit       | <input type="checkbox"/> Final                                   |
| <input type="checkbox"/> Multi-Family Housing         | <input type="checkbox"/> Condo                                   |
| <input type="checkbox"/> Development Agreement        | <input type="checkbox"/> Temporary Use Permit                    |
| <input type="checkbox"/> Modification                 | <input type="checkbox"/> Fireworks Stand                         |
| <input type="checkbox"/> Home Occupation              | <input type="checkbox"/> Vacation                                |
| <input type="checkbox"/> Daycare                      | <input type="checkbox"/> Variance                                |
| <input type="checkbox"/> Kennel License               | <input type="checkbox"/> Staff Level                             |
| <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Zoning Map/Ordinance Amendment (Rezone) |
| <input type="checkbox"/> Mobile Home Park             | <input type="checkbox"/> Other: _____                            |

**You must attach any corresponding checklists with your application or it will not be accepted**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Interest in property:    Own    Rent    Other: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Name (e.g., Engineer, Planner, Architect): \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Subject Property Information**

Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_ Total acreage: \_\_\_\_\_ Zoning: \_\_\_\_\_

Type of proposed use:  Residential  Commercial  Industrial  Other: \_\_\_\_\_

Project/Subdivision Name: \_\_\_\_\_

Description of proposed project/request: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Acres of each proposed zone: \_\_\_\_\_

**Development Project Information (if applicable)**

Lot Type	Number of Lots	Acres
Residential		
Commercial		
Industrial		
Common (Landscape, Utility, etc.)		
Right of Way (internal roadways, ROW to be dedicated, etc.)		
Qualified Open Space		
<b>Total</b>		

**Please answer all questions that are relevant to your project**

Minimum square footage of structure: \_\_\_\_\_ Maximum building height: \_\_\_\_\_

Minimum property size (s.f.): \_\_\_\_\_ Average property size (s.f.): \_\_\_\_\_

Gross density: \_\_\_\_\_ Net density: \_\_\_\_\_

Type of dwelling proposed:  Single-family Detached  Single-family Attached

Duplex  Multi-family  Condo  Other: \_\_\_\_\_

Proposed number of units: \_\_\_\_\_

Total number of parking spaces provided: \_\_\_\_\_

% of qualified open space: \_\_\_\_\_

**Additional information may be requested after submittal.**

**Authorization**

Print applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City Staff**

Received by: \_\_\_\_\_ Received date: \_\_\_\_\_



# City of Nampa

PLANNING and ZONING DEPARTMENT

OFFICE (208) 468-5484

CITY HALL

411 THIRD STREET SO.

NAMPA, IDAHO 83651

FAX (208) 465-2261

## AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO )  
 :SS  
COUNTY OF CANYON )

A. I, \_\_\_\_\_, whose address is \_\_\_\_\_, being first duly sworn upon oath, depose and say that I am the owner of record of the property described on the attached application.

B. I grant my permission to \_\_\_\_\_, whose address is \_\_\_\_\_, to submit the accompanying application pertaining to the property described on the attached application.

C. I agree to indemnify, defend and hold the City of Nampa and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_