

Child Care Center: _____ License #: _____

Group Child Care Home: _____ License #: _____

Family Child Care: _____ License #: _____
(Incubator Sites ONLY)

Reason for Approval Request: _____

Address/City: _____

THE ABOVE FACILITY IS CONSTRUCTED IN ACCORDANCE WITH APPROPRIATE USE GROUPS AND:

CONNECTICUT STATE BUILDING CODE (CGS sec. 29-252)

Town/City Building Official _____
(printed name) (signature) (date)

Inspection Architectural Review Administrative Review

PRELIMINARY APPROVAL IS GRANTED FINAL APPROVAL IS GRANTED

Comments/Restrictions:

CONNECTICUT FIRE SAFETY CODE (CGS sec. 29-292)

Town/City Fire Marshal _____
(printed name) (signature) (date)

Inspection Architectural Review Administrative Review

PRELIMINARY APPROVAL IS GRANTED FINAL APPROVAL IS GRANTED

Comments/Restrictions:

CONNECTICUT HEALTH ORDINANCES (this form is not accepted for new applications or change of location)

Director of Health _____
(printed name) (signature) (date)

Inspection Architectural Review Administrative Review

PRELIMINARY APPROVAL IS GRANTED FINAL APPROVAL IS GRANTED

Comments/Restrictions:

CONNECTICUT ZONING REGULATIONS

(Per Public Act 23-142, effective 10/1/23, zoning regulations shall not require any special zoning permit or special zoning exception to operate a group child care home located in a residence. The municipal zoning ordinances are in compliance with this Act)

Town/City Zoning Official _____
(printed name) (signature) (date)

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Comments/Restrictions:
