



<i>Office Use Only</i>	
Date Filed -	_____.
Application No. -	_____.
Ad to run -	_____.
Post Property -	_____.

Town of Easton
APPLICATION FOR FAMILY DAY CARE

Name _____.

Address _____
_____.

Telephone _____.

Do you own this property? Yes No

If "No" please list name, address, and phone number of the owner below and attach a letter from the owner indicating their support for this application.

Name _____.

Address _____
_____.

Telephone _____.

1.) Describe where the children will be dropped-off and picked-up (e.g. from the street, alley, driveway, etc.). _____

_____.

2.) Describe the outdoor play area (i.e. where is it, is it fenced, approximate size, etc.). _____

_____.

3.) How many children do you plan to have under your care? Infant's _____. Total _____.

*** Please attach a site plan or plot plan of the property to your application.**

*** Please include a \$50.00 processing fee.**

NOTE: In the event that the Town Planner recommends denial or the public requests a hearing, this request shall be processed as a Special Exception and shall meet all the requirements pertaining to such applications.