



**CITY OF NEWARK  
PLANNING DIVISION**

Application No. \_\_\_\_\_

**APPLICATION FOR  
Large Family  
Day Care Permit**

**Applicant Information**

Applicant		Daytime Phone	
Street Address			
City		State	Zip

Property Owner		Daytime Phone	
Address			
City		State	Zip

**Project Information**

Property Address/Location
Assessor's Parcel No(s)
Existing Land Use
Present Zoning

California Department of Social Services Facility No.			
Days & Hours of Operation	No. of Employees	No. of Off-Street Parking Spaces Proposed	<input type="text"/>

**Required Signatures**

I hereby certify that this Application and all other information submitted is true and correct to the best of my knowledge and belief, and that I have read and understand the City requirements for a Large Family Day Care Permit.

Applicant's Signature	Date
-----------------------	------

**For Office Use Only**

Application Received By	Receipt No.
Date	Application Fee \$