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 under the *Apply for a Planning Permit* link.

✓	Description
	A scale drawing of the site showing where within the home the daycare will be operated.
	Signed & Notarized Affidavit of Legal Interest. Form **must** 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) **Only required if caring for 7-12 children**
	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	
		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 U, 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 DH with 6 or fewer children are required to have a conditional use permit.*** *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.*

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.**

Certification: 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.

Signature: _____ Date: _____

City of Nampa

PLANNING and ZONING DEPARTMENT **OFFICE (208) 468-4430**

500 12th Ave S. NAMPA, IDAHO 83651

AFFIDAVIT OF LEGAL INTEREST

STATE OF _____)
:SS
COUNTY OF _____)

A. I, _____ _____(Owner's name),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_____(representative/applicant's name, 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_____,_____.

_____
Owner's
Signature

SUBSCRIBED AND SWORN to before me the_____day of_____,_____.

_____
Notary Public for Idaho
Commission Expires: _____

Planning & Zoning Department

Master Application

Staff Use Only

Project Name: _____

File Number: _____

Related Applications: _____

Type of Application

- ☐ Accessory Structure
- ☐ Annexation/Pre-Annexation
  (This will include a zone designation)
- ☐ Appeal
- ☐ Design Review
- ☐ Comprehensive Plan Amendment
- ☐ Conditional Use Permit
  - ☐ Multi-Family Housing
- ☐ Development Agreement
  - ☐ Modification
- ☐ Home Occupation
  - ☐ Daycare (# of children_____)
- ☐ Kennel License
  - ☐ Commercial
- ☐ Mobile Home Park
- ☐ Legal Nonconforming Use
- ☐ Planned Unit Development/MPC
- ☐ Subdivision
  - ☐ Short
  - ☐ Preliminary
  - ☐ Final
  - ☐ Condo
- ☐ Temporary Use Permit
  - ☐ Fireworks Stand
- ☐ Vacation
- ☐ Variance
  - ☐ Staff Level
- ☐ Zoning Map/Ordinance Amendment (Rezone)
  (Not needed for an annexation)
- ☐ 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		
Total common area		
Internal roadways	Provide acres only	
Frontage ROW to be dedicated	Provide acres only, if applicable	
Total		

Development Project Information (if applicable)

Minimum residential lot size (s.f.): _____ Maximum residential lot size (s.f.): _____

Gross density: _____ (# of lots divided by gross plat/parcel area)

Subdivision qualified open space: _____% of gross area _____acres

Type of dwelling proposed: ☐ Single-family detached ☐ Single-family attached (townhouse)

☐ Duplex ☐ Multi-family ☐ Condo ☐ Other: _____

Commercial / Industrial / Multi-Family Project Information (if applicable)

Min. sq. feet of structure: _____ Max building height: _____ Gross floor area: _____

Proposed number of residential (multi-family) units: _____

Total number of parking spaces provided : _____

Print applicant name: _____

Applicant signature: _____ Date: _____

City Staff

Received by: _____ Received date: _____