



Supplemental Information for

Day Care, Commercial '2'

Complete this supplement in its entirety and submit with the completed Use Permit application form to the address below:

City of Hampton
Community Development Department, Planning Division
22 Lincoln Street, 5th Floor
Hampton, Virginia 23669

OFFICE USE ONLY
Date Received:

Case Number: UP _____ - _____

1. LOT INFORMATION

Current Number of On-site Parking Spaces _____ Proposed Number of On-site Parking Spaces _____

☐ Attach a sketch showing the parking area and the circulation to, from and within the parking lot.

2. BUILDING INFORMATION

☐ Attach a floor plan of the building showing all rooms labeled with dimensions, use and ages of clients. Additionally, label any adjacent uses/tenants in the building (i.e. an adjacent tenant in a shopping center).

☐ Indicate outdoor play area for facilities serving children less than thirteen (13) years of age

3. OPERATIONAL INFORMATION

Number of Clients _____ Age Range of Clients _____ Number of Employees _____

Hours of Operation: Mon _____ Tue _____ Wed _____ Thu _____

Fri _____ Sat _____ Sun _____

4. LICENSING

Name of State Licensing Agency _____