



DAYCARE INSPECTION REQUEST APPLICATION

Application Number \_\_\_\_\_

1. SITE INFORMATION:

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Jurisdiction (City, Village, or Township project is in) \_\_\_\_\_

Daycare Center  Type A Home  Type B (CCDJFS)

Name of Center/Type A Home \_\_\_\_\_

2. OWNER INFORMATION

Owner name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax\* \_\_\_\_\_

E-Mail \* \_\_\_\_\_

3. EXISTING FACILITY TYPE

Single Family Residence (Type A)  Multifamily Residence

School  Church  Business

Other \_\_\_\_\_

Floors Used – Check all that apply

Story Below Grade  1st Floor  Second Floor or more

other (describe below)

Copy of existing Certificate of Occupancy submitted with this Application?

yes  no

4. FACILITY INFORMATION

Total square feet of building \_\_\_\_\_

Square feet of space used for Daycare \_\_\_\_\_

Is this facility handicap accessible?  yes  no

Floor plan submitted?  yes  no

Are rooms located on the level of exit discharge  yes  no  some

Do rooms have exits directly to the outside?  yes  no  some

Are restrooms provided?  yes  no

Does facility have a kitchen?  yes  no

Does facility have fire alarms?  yes  no

Does facility have a sprinkler system?  yes  no

5. NUMBER OF CHILDREN

Number of Children < 30 months of age \_\_\_\_\_

Number of Children > 30 months of age \_\_\_\_\_

6. OPERATIONAL CONSTRAINTS

Days of Operation \_\_\_\_\_

Time of Operation \_\_\_\_\_

Seasonal Operation? (school year, fall only etc)  yes  no

Food service?  yes  no

7. FIRE INSPECTION

Fire Department Inspection Completed?  yes  no

Fire department must inspect the facility in conjunction with this department or a written fire inspection report from the fire department having jurisdiction must be submitted before a certificate of occupancy will be issued and Ohio Daycare Inspection Report completed.

8. APPLICANT INFORMATION:

Contact Person \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax\* \_\_\_\_\_

E-Mail \* \_\_\_\_\_

I hereby certify that I am the Owner of Record, or that the proposed work is authorized by the Owner of Record, that I have been authorized by the Owner to make this application as his Agent, and that we agree to conform to ALL laws of the County and the State, and that all information on this application is truthful to the best of my knowledge. I also understand that UPFRONT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY

Received:  Counter  Mail  Fax  E-mail

Intake Person \_\_\_\_\_ Date \_\_\_\_\_

Upfront Fee Paid \$ \_\_\_\_\_

Date of Inspection Requested \_\_\_/\_\_\_/\_\_\_

Notified applicant of approval \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Date Picked Up \_\_\_\_\_

BUILDING OFFICIAL USE ONLY

Certificate and Inspection Report Approved \_\_\_/\_\_\_/\_\_\_

Approved by: \_\_\_\_\_

The Building Official shall be notified of inspection not less than twenty-four (24) hours in advance.

### **Contact Information:**

Clark County Community & Economic Development  
Springview Government Center  
3130 E. Main St., Suite 1A  
Springfield, OH 45505  
937-521-2160  
937-328-2621 fax

E-mail: [www.communitydevelopment@clarkcountyohio.gov](mailto:www.communitydevelopment@clarkcountyohio.gov)

Website: [www.clarkcountyohio.gov](http://www.clarkcountyohio.gov)

### **Office Hours:**

Monday through Friday  
Office opens at 7:30 am

Front Counter closes at 4:00 pm

Office closed at 4:30 pm

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### **Related Agency Contact Information**

Clark County Combined Health District  
529 E Home Rd  
Springfield, OH 45503 937-390-5600  
[health@ccchd.com](mailto:health@ccchd.com)

Clark County Utilities Department  
3130 E. Main St.  
Springfield, OH 45506 937-521-2150  
[utilities@clarkcountyohio.gov](mailto:utilities@clarkcountyohio.gov)

Clark County Auditor  
31 North Limestone  
Springfield, OH 45501 937-521-1891  
[auditor@clarkcountyohio.gov](mailto:auditor@clarkcountyohio.gov)

Clark County Department of Jobs and Family Services  
1345 Lagonda Ave  
Springfield, OH 45503  
937-327-1700

Fire Service depends on township, city or village. Please refer to local directories.