



**CITY OF LAUREL**  
**COMMUNITY PLANNING & BUSINESS SERVICES**  
 8103 Sandy Spring Road • Laurel, MD 20707-2502  
 301-725-5300 • Fax: 410-792-2108

**PERMIT NO.**

**USE & OCCUPANCY**

TYPE: FAMILY DAY CARE

DATE OF APPLICATION:

LOT NO:	SUBDIVISION:	ZONING CLASS	ELECTION DISTRICT 10	DATE OF ISSUE:
BLOCK NO:	TAX ID NO.			

ADDRESS OF PROPERTY:

INTENDED USE OF PROPERTY:

(If property use changes, anew permit is required.)

OWNER OF PROPERTY (Name & Address):

CONDITIONS/COMMENTS:

Is property equipped with an alarm system? Circle One- YES NO

If yes, applicant must submit a City of Laurel Alarm Permit Application and pay applicable fee.

PHONE NUMBER:

OCCUPANTS NAME (Individual and business name where applicable)

APPLICANTS NAME & ADDRESS:

Is Food Handling Involved?	NO
Square Footage of Lot:	
Square Footage of Building:	
Number of Employees:	
Number of Parking Spaces:	
Hours of Operation:	

PHONE NUMBER:

APPROVED FOR USE by the Division of Planning & Zoning:

DATE:

APPROVED FOR OCCUPANCY by Chief Building Official:

DATE:

This permit does not in any way relieve the owners, or any person in possession or control of the building, or any part thereof, from obtaining such other permits or licenses as may be prescribed by law for the uses or purposes for which the building is designed or intended, or from complying with any lawful order issued with the object of maintaining the building in a safe or lawful condition. The issuance of this Use & Occupancy permit does not include the approval (either express or implied) Of any gas; propane gas (or the like) fixtures, storage or installation. Application must be signed by the property owner or written authorization from the property owner must be attached.

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the use will conform to the Zoning Ordinance and that the property will meet all applicable building codes.

**FEE:**

SIGNATURE OF APPLICANT:

Date: