



City of Walnut Ridge  
300 W. Main St.  
Walnut Ridge, AR 72476  
PHONE: (870) 886-6638

## MEDIUM-SCALE HOME DAY CARE APPLICATION - GUIDE

### Notes:

- A permit shall be obtained prior to beginning operations to 1) determine compliance with State licensing requirements and on a case-by-case basis 2) evaluate vehicle circulation and off-street parking needs
- Each permit issued for a Medium Scale Home Day Care shall pertain to only one building/structure; each expansion thereof shall require a separate permit.

### **CHECKLIST:**

A scaled site plan shall be included with every application and must include the following information:

- Owner's Name, address, and telephone number
- North arrow
- Accurate shape of the lot or site with property lines dimensioned
- Roads labeled, both public and private
- Parking areas, driveway location, any intersection with roads, and proposed on-site circulation pattern
- Indicate location and label all existing and proposed structures; dimension all from all property lines

### **REQUIREMENTS:**

1. All Medium Scale Home Day Cares shall be located in a residential dwelling and shall be operated in a manner that will not change the character of the residence.
2. All Medium Scale Home Day Cares shall meet all City, County, and State health department requirements as to safety, design, facilities, equipment, and other features. The operation shall be conducted in a manner that will not adversely affect other properties in the area.



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## MEDIUM-SCALE HOME DAY CARE APPLICATION

Property Owner Name (print): \_\_\_\_\_

(signature): \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning: \_\_\_\_\_

The undersigned property owner designates the following agent to represent the applicant in all matters concerning this application:

_____	_____	_____	_____	_____
Name (Authorized Agent)	Mailing Address	City	State	Phone No.

_____	_____
Property Owner Signature	Authorized Agent Signature

_____	_____	_____	_____
Property Owner Mailing Address	City	State	Zip

Phone Number: \_\_\_\_\_