



Jackson County Department of Public Health

154 Medical Park Loop • Sylva, NC 28779

Tel: 828-586-8994 • FAX: 828-586-1207

Shelley Carraway
DIRECTOR

Application for a Child Care Center

Name of Child Care Center: _____

New Existing

Type of Child Care: Small (30 or fewer children) Large (30 or more children)

Facility Location Address: _____

Phone Number: () _____ - _____

Proposed Start of Construction Date: _____ Proposed Opening Date: _____

Owner or Corporate Name: _____

Phone Number: () _____ - _____

Mailing Address: _____

(if different from location address)

Contact Person: _____ Phone Number: () _____ - _____

(if different from owner)

Number of Staff: _____ Number of Rooms: _____ Square Footage of Building: _____

Meals Served: Breakfast Lunch Dinner

Water Supply: City On-Site Date Drilled: _____

Sewage Disposal: City On-Site Existing Grease Trap: Yes No

Is septic system is on-site:

Name of Original Owner: _____ Date of Installation: _____



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I have submitted plans/application to the following:

- | | | |
|---|-------------|-----------------------|
| <input type="checkbox"/> City of Sylva | Date: _____ | Contact Person: _____ |
| <input type="checkbox"/> Other City | Date: _____ | Contact Person: _____ |
| <input type="checkbox"/> Building Inspector | Date: _____ | Contact Person: _____ |
| <input type="checkbox"/> Fire Marshall | Date: _____ | Contact Person: _____ |
| <input type="checkbox"/> Jackson County Planning Office | Date: _____ | Contact Person: _____ |

I hereby certify that the above information is accurate, and understand that any changes must be approved by the Jackson County Department of Public Health. Failure to provide any requested information may delay or prevent issuance of an operating permit.

Applicants Signature: _____

Title: _____ Date: _____

FOR OFFICE USE ONLY

Date Application Received: _____ Initials: _____

Establishment ID Number Assigned: _____ Water Sample Results: _____

Copy of Applicable Rules Mailed or Given Date: _____

Comments: _____
