

## CHILDREN’S RESIDENTIAL FACILITIES CONTACT WITH LOCAL ZONING ADMINISTRATOR

THE FOLLOWING INDIVIDUAL PLANS TO SUBMIT AN APPLICATION FOR A LICENSE TO OPERATE A CHILDREN’S RESIDENTIAL FACILITY PURSUANT TO SECTION 63.2-100 OF THE CODE OF VIRGINIA.

NAME OF APPLICANT \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
STREET OR ROUTE NO.
CITY
STATE
ZIP

THE HOME IS LOCATED IN THE COUNTY OR CITY OF \_\_\_\_\_

APPLICANT IS REQUESTING A LICENSE TO CARE FOR THE FOLLOWING NUMBER OF CHILDREN: \_\_\_\_\_

THE ZONING ADMINISTRATOR’S SIGNATURE ON THIS FORM VERIFIES THAT THE APPLICANT HAS INFORMED THE ZONING ADMINISTRATOR OF HIS/HER PLANS TO APPLY FOR A LICENSE TO OPERATE A CHILDREN’S RESIDENTIAL FACILITY AT THE ADDRESS ABOVE.

\_\_\_\_\_  
Printed Name of Zoning Administrator

\_\_\_\_\_  
Signature of Zoning Administrator Date

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax Map #	Parcel #	Zoning District
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Licensing Office Contact Person	Telephone Number	Fax Number	Email Address