



COUNTY OF SANTA BARBARA

Planning and Development

[www.sbcountyplanning.org](http://www.sbcountyplanning.org)

# Family Day Care - Large

**FAMILY DAY CARE - LARGE is defined as a day care facility in a single-family dwelling where an occupant of the residence provides family care for seven to 14 children, inclusive, including children under the age of 10 years who reside in the home.**

## APPLICATION FORM

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**South County Office**  
123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
Fax: (805) 568-2030

**Energy Division**  
123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2040  
Fax: (805) 568-2522

**North County Office**  
624 W. Foster Road, Suite C  
Santa Maria, CA 93455  
Phone: (805) 934-6250  
Fax: (805) 934-6258

Website: [www.sbcountyplanning.org](http://www.sbcountyplanning.org)

## SUBMITTAL REQUIREMENTS

- \_\_\_ 3 copies of completed application form and any applicable supplements
- \_\_\_ 1 copy of a license or statement of exemption from Santa Barbara County Social Services Dept.
- \_\_\_ 3 copies of site plan drawn to scale  
[Click to download Site Plan and Topographical Map Requirements](#)
- \_\_\_ 3 copies of floor plan drawn to scale
- \_\_\_ check payable to Planning & Development



PLANNING & DEVELOPMENT  
PERMIT APPLICATION

**PROJECT SITE:**

- 1. Assessor Parcel Number: \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. Parcel Size (Acres/Sq.Ft.): Gross \_\_\_\_\_ Net \_\_\_\_\_
- 4. Zoning: \_\_\_\_\_
- 5. Comprehensive/Coastal Plan Designation: \_\_\_\_\_
- 6. Describe your project: \_\_\_\_\_  
\_\_\_\_\_
- 7. Number of children to be supervised: \_\_\_\_\_

**CONTACTS:**

**Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State Zip

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State Zip

**Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.**

*I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name/date

\*\*\*\*\*

**COUNTY USE ONLY**

Case No.: \_\_\_\_\_ Submittal Date: \_\_\_\_\_ Supervisorial District: \_\_\_\_\_  
Date Accepted for Processing: \_\_\_\_\_ Applicable Zoning Ord.: \_\_\_\_\_ Companion Case No(s): \_\_\_\_\_  
Project Planner: \_\_\_\_\_ Subdivision Committee Hearing Date: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Project Description: \_\_\_\_\_

Updated by bjp122206

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