



COUNTY OF SANTA BARBARA

Planning and Development

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

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

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

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.
- ___ Indemnification Agreement.



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and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct.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: _____