



OFFICE OF OPERATIONS SUPPORT
 CHILD CARE LICENSING UNIT
 STATE OFFICE PARK SOUTH
 129 PLEASANT STREET
 CONCORD, NH 03301-3857
 TEL: 1-800-852-3345 ext. 9025 or (603) 271-9025

ZONING VERIFICATION

CHILD CARE PROGRAM NAME _____

TELEPHONE NUMBER _____

CHILD CARE AGENCY TYPE(S): _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

APPLICANT'S NAME: _____

INSTRUCTIONS:

1. **SECTION 1 OR 2** below must be completed by an individual who is authorized to sign zoning documents.
2. **SECTION 1** should be completed if zoning action is not required.
3. **SECTION 2** should be completed if zoning action is required.
4. **SECTION 2** must include any restrictions regarding the existence of the agency, either on this form or on attached copies of zoning decision.

SECTION 1:

_____ The child care agency at the above referenced address conforms to the requirements of the zoning ordinance of the city/town of _____.

COMMENTS/RESTRICTIONS (if applicable):

 Signature of Individual Authorized to Sign Zoning Documents

 Date Signed

 Name of Town or City

SECTION 2:

_____ The child care agency at the above referenced address has been granted approval by the zoning board of adjustment. Any restrictions specified by zoning are noted below or on attached copy of zoning decision.

COMMENTS/RESTRICTIONS (if applicable):

 Signature of Individual Authorized to Sign Zoning Documents

 Date Signed

 Name of Town or City