



OFFICE OF LEGAL AND REGULATORY SERVICES
 CHILD CARE LICENSING UNIT
 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): FAMILY-BASED DAY CARE [RSA 170-E:2, IV(a) and (b)]
 CENTER-BASED DAY CARE [RSA 170-E:2, IV(c) through (g)]
 24-HOUR RESIDENTIAL [RSA 170-E:25, II(b), (c), (d) and III]

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

APPLICANT'S NAME: _____

INSTRUCTIONS:

1. **SECTION 1 OR 2** must be completed by an individual who is authorized to sign zoning documents.
2. **SECTION 1** complete if zoning action is not required.
3. **SECTION 2** complete if zoning action is required.
4. **SECTION 2** include any restrictions regarding the existence of the agency

SECTION 1:

_____ The child care agency listed above conforms to the requirements of the zoning ordinance.

Any limits on the number of children in care? ___No ___Yes - If yes, how many children? _____

COMMENTS/RESTRICTIONS (if applicable):

 Signature of Individual Authorized to Sign Zoning Documents for the
 Town Listed Above

 Date Signed

SECTION 2:

_____ The child care agency listed above has been approved by the zoning board of adjustment.

Restrictions? ___No ___Yes – If yes, please indicate below or include a separate attachment

COMMENTS/RESTRICTIONS (if applicable):

 Signature of Individual Authorized to Sign Zoning Documents for the
 Town Listed Above

 Date Signed