

Attachment "A" to Application for Conditional Use - Child Care Facility

This document is to be submitted to the Springdale Planning & Community Development Division via planningapplications@springdalear.gov, or in person at 201 Spring Street, Springdale, AR.

Applicant Name:			Phone:	
Child Care Facility:	YES / NO	Day Care Family Home: YES / NO	Number of Caregivers:	
Contact Information Fire Prevention Office				
(479) 751-4510	Signature:_		Date:	
Building Inspector:				
(479) 750-8154	Signature:_		Date:	
Children & Family Se	ervice Represe	ntative:		
(479) 521-1270	Signature:_		Date:	
For your protection Comments:		ection of the children, the following people facilities are to their satisfaction, they must		

If you have any additional comments, please attach additional pages to this document.

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Printed Name of Record Property Owner(s)	Printed Name of Applicant(s)	
Signature of Record Property Owner(s)	Signature of Applicant(s)	
Date:	Date:	