NEW SCHOOL APPLICATION

Name of Facility_________________________________________________________Phone #__________________________

Physical Address of Facility____________________________________City____________________Zip___________________

Owner of Facility______________________________________________________Phone #____________________________

Mailing Address of Facility____________________________________City_________________State_____Zip_____________

Applicant/Contact Person_______________________________________________Phone #___________________________

Applicant Email Address___________________________________________________

Relation to owner (mark one): Architect ☐, Owner ☐, Employee ☐, Contractor ☐, Other ☐ _______________________

FACILITY INFORMATION TO BE COMPLETED BY APPLICANT

Construction type:  ☐ New, ☐ Remodel Existing Structure, ☐ Addition to existing structure, ☐ Change of Ownership

Scope of work:
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Year structure was originally built: __________________

*If child day care licensed by DCDEE will be offered, a separate Child Day Care application and plan review may be required.
*If structure is pre 1978, then a lead hazard investigation may be conducted in areas accessible to children under the age of 6.

Sewage Disposal: ☐ Municipal (City or County Sewer) ☐ Septic Tank (Onsite waster water disposal system)

Water Supply: ☐ Municipal (City or County water supply) ☐ Well (private onsite water supply)

Meals: ☐ Individually pre-portioned meal ☐ Students will bring bag lunch

** Plan review is not required for Public and Non-Public schools, unless food is served at the school. A separate Food Service Application must be submitted if the food served to students is not a bag lunch or individually pre-portioned.

Proposed operating days and hours: ________________________________

Proposed date that facility will open: ________________________________
Number of children presently or requesting approval for: _________________________

School: Grades (check all that apply):

☐ Pre-K (partial day), ☐ K, ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5, ☐ 6, ☐ 7, ☐ 8, ☐ 9, ☐ 10, ☐ 11, ☐ 12

BOTH APPLICANT AND OWNER/DIRECTOR MUST SIGN APPLICATION

Applicant NAME & TITLE: ________________________________

(print)

Signature_________________________________________ Date________________________