

**14 PLANS BEING SUBMITTED MUST BE PRE-FOLDED**

**CITY OF WARREN ZONING BOARD OF APPEALS**

APPLICATION FOR SPECIAL EXCEPTION FOR GROUP DAY CARE

PLEASE PRINT OR TYPE

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name and Address of Property Owner (if different) \_\_\_\_\_  
\_\_\_\_\_

Name of Representative: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

Representative's Address: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Parcel I.D. No. (As shown on tax bill): \_\_\_\_\_

Purpose of Special Exception Request:

Permission to run a State Licensed Licensed Group Daycare for up to 12 children,

1. with a caregiver to child ratio of \_\_\_\_\_;
2. number of employees required at any one time \_\_\_\_\_;
3. Number of off street hard surfaced parking spaces provided for employees \_\_\_\_\_
4. Type and height of fence around rear yard \_\_\_\_\_

Location requirements:

- |   |   |   |
|---|---|---|
| 1. Located more than 1500' from any Licensed Adult Foster Care home   | Y | N |
| 2. Located more than 1500' from any Licensed Substance Abuse Facility | Y | N |
| 3. Located more than 750' from any other Licensed Group Day Care Home | Y | N |

Signature: \_\_\_\_\_

The approval of any land use or dimensional variance from the regulations of the Warren Zoning Ordinance does **NOT** affect or rescind any requirement of the ordinance to obtain site plan approval, Building Division permit or to otherwise comply fully with the Code of Ordinances, or other applicable State or Federal regulations

AFFIDAVIT OF OWNERSHIP OF LAND IN THE CITY OF WARREN

I, WE \_\_\_\_\_  
Name(s) of Person(s)

OF \_\_\_\_\_  
Address, City, State Zip Telephone

THE \_\_\_\_\_ OF \_\_\_\_\_  
Title of Officer Name of Company

BEING DULY SWORN, DEPOSE(S) AND SAY(S) THAT \_\_\_\_\_  
I/We/It  
\_\_\_\_\_/RECORDED LAND CONTRACT PURCHASER(S) \_\_\_\_\_/RECORDED DEEDHOLDER(S)

OF LAND FOR WHICH SUBMITTAL HAS BEEN/WILL BE MADE TO THE CITY OF WARREN,  
MACOMB COUNTY, MICHIGAN IN A:

PETITION FOR HEARING BY THE CITY OF WARREN BOARD OF APPEALS

FURTHER, THAT \_\_\_\_\_ \*  
Name(s) of Person(s)

THE \_\_\_\_\_ OF \_\_\_\_\_ \*  
Title of Officer Name of Company

OF \_\_\_\_\_  
Address, City, State Zip Telephone

IS/ARE/MY/OUR DESIGNATED REPRESENTATIVE(S) IN THE PROCESSING OF SAID  
PETITION.

FURTHER, DEPONENT SAYS NOT.

SIGNED \_\_\_\_\_ L.S.

SIGNED \_\_\_\_\_ L.S.\*

\*Leave blank if not applicable.

STATE OF MICHIGAN  
COUNTY OF \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, BEFORE ME PERSONALLY CAME  
\_\_\_\_\_, TO ME KNOWN TO BE THE INDIVIDUAL (S) NAMED IN  
AND WHO EXECUTED THE FOREGOING AFFIDAVIT, FOR THE PURPOSE AS STATED, AND  
ACKNOWLEDGED THAT \_\_\_\_\_ DID SO OF \_\_\_\_\_ OWN FREE WILL AND DEED.

\_\_\_\_\_  
NOTARY PUBLIC, \_\_\_\_\_ COUNTY, MICHIGAN  
MY COMMISSION EXPIRES: \_\_\_\_\_

\*\*\*\*\*

**NOTICE TO OWNER**

If a representative appears on your behalf, they must be informed on all pertinent data relative to  
your request. Failure to answer any question from the Board could result in your request being  
delayed or denied. IT IS THEREFORE RECOMMENDED THAT YOU appear in person.