



CHILD DAY CARE FACILITY TYPE B INFORMATION

What is a Type B Child Day Care Facility?

Child Day Care Facility Type B means a dwelling unit (home) where a childcare provider cares for thirteen (13) or more children for a period of less than 24 hours a day, or a building or structure other than a dwelling unit where a childcare provider cares for any number of children for a period of less than 24 hours a day.

The Process

A Child Day Care Facility Type B requires a Conditional Use Permit. A Conditional Use Permit normally involves having a pre-application meeting with County Planning Staff to discuss the application, answer questions, and resolve any issues at the front end of the process. Next, a completed Conditional Use Permit application is submitted, which will be sent out for review to local and State agencies as well as neighbors within 300 feet of the subject property. The application is then advertised in the local newspaper and a public hearing is conducted at which time the application will be heard by the Benton County Hearings Examiner and the public will have opportunity to comment. The Hearings Examiner will review all the information submitted and the application will either be approved with conditions and the use will be allowed on the property or the application will be denied and the use will not be allowed.

Criteria for Approval

1. The proposed use has received all necessary approvals from Washington State regarding child care facilities.
2. The proposed use conforms with all applicable ordinances and regulations of Benton County that also apply to other permitted uses in the applicable zoning district.
3. The proposed use complies with all applicable requirements of the Benton-Franklin District Health Department, Department of Social and Health Services, and any municipality or agency providing water or sewer.
4. Signage is limited to no more than one non-illuminating sign with a maximum area of four (4) square feet and a maximum sign height of six (6) feet above grade. The posting of such sign is limited to the parcel on which the approved Type B Child Day Care Facility is located. On-street (inside the road right-of-way) sign posting and any sign posting that interferes with the line of sight for a road intersection are prohibited.
5. Off-street parking areas shall be provided so as to allow one (1) space for every employee and one (1) space for every five (5) children that will be attending the facility.
6. A driveway designed for continuous forward flow of passenger vehicles for the purpose of loading and unloading children.
7. The facility shall conform to International Fire Code (IFC), State, and local fire standards for fire prevention as now adopted or hereafter amended.
8. The facility must comply with International Building Code (IBC) requirements as now adopted or hereafter amended.

Conditions of Approval

The applicant shall notify the Planning Department in writing when the conditions set forth by the Hearings Examiner have been completed. The Planning Department shall not issue the conditional use permit until those conditions have been met.

Appeals

The decision by the Hearings Examiner is appealable under the terms and conditions as set forth in State law.

Expiration The Conditional Use Permit will be valid as long as the conditions set forth by the Hearings Examiner are met.



CHILD DAY CARE FACILITY TYPE B PERMIT CHECKLIST

ALL DOCUMENTS SUBMITTED MUST BE COMPLETED IN **BLACK INK**

Applicant Staff

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Completed Child Day Care Facility Type B Application – must include signatures of all parties with ownership interest. Incomplete applications will not be accepted. |
| ☐ | ☐ | Site Plan Map – A detailed map drawn to scale showing the dimensions of the property, location and size of all existing structures, access to the site, adjacent roads, well, septic system, fences, signage, and parking areas. <i>No site plans larger than 11" x 17" and only maps drawn in black ink will be accepted.</i> |
| ☐ | ☐ | \$800.00 Conditional Use Permit Fee – The fee must be paid at the time of application submittal, cash or checks accepted. Checks made payable to the Benton County Treasurer . All application fees are non-refundable. |
| ☐ | ☐ | Written approval (<i>if applicable</i>) from the respective municipality if the property is to be served by a public water and/or sewer system. |
| ☐ | ☐ | \$500.00 Environmental Checklist Fee (<i>if required</i>) – Environmental Checklist application must be submitted concurrently with the Conditional Use Permit Application. Please contact the Planning Division for assistance in determining if your proposal requires an Environmental Checklist. |
- Applications may be submitted between the hours of 8am-12pm and 1pm-5pm Monday through Friday to the Planning Division.
 - Please contact the following departments/agencies to ensure your proposal will be in compliance with their regulations:
 - **Benton County Building Division/Fire Marshal**
102206 East Wiser Parkway Kennewick, WA 99338
(509) 735-3500
 - **Benton Franklin Health District**
7102 W. Okanogan Place, Kennewick, WA 99336
(509) 460-4205
 - **Department of Children, Youth and Families**
1661 Fowler Street, Richland, WA 99352
(509) 827-1477 Email: dcyf.welcome@dcyf.wa.gov



CHILD DAY CARE FACILITY TYPE B – CONDITIONAL USE PERMIT APPLICATION

Application No. _____

APPLICANT INFORMATION

Please check the box indicating primary contact person for this application

☐ **Applicant/Agent:** _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Work: _____

Email Address: _____

Signature: _____ Date: _____

☐ **Property Owner(s)** (if different): _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Work: _____

Email Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

**If there are additional owners please copy this section, sign, and attach to the application*

If the property is owned by a corporation, trust, partnership or LLC please complete the entity signature block below showing that the person signing has the authority to sign on behalf of the company.

ENTITY SIGNATURE BLOCK

If the applicant or legal owner of the property is a corporation, partnership, trust or LLC please use the following signature block.

Applicant/Legal Owner: _____

Officer name: _____

Title: _____

Signature: _____ Date: _____

THE ABOVE SIGNED OFFICER OF _____ (name of entity)
WARRANTS AND REPRESENTS THAT ALL NECESSARY LEGAL AND CORPORATE ACTIONS HAVE BEEN DULY
UNDERTAKEN TO PERMIT _____ TO SUBMIT THIS APPLICATION AND THAT
THE ABOVE SIGNED OFFICER HAS BEEN DULY AUTHORIZED AND INSTRUCTED TO EXECUTE THIS
APPLICATION.

PARCEL INFORMATION

1. **Subject property address:** _____
City: _____ **State:** _____ **ZIP:** _____
2. **Parcel number:** __ ☐ __ __ ☐ __ __ ☐ __ __ ☐ __ __
3. **Access:** ☐ County Road ☐ State Road/Highway ☐ Private Road
4. **Utilities:** *Power:* ☐ Benton PUD ☐ Benton REA
Sewer: ☐ Septic Tank ☐ City Sewer: (Provider) _____
Water: ☐ Individual Wells ☐ One well serving 2 or more lots
☐ Private System (Provider & Address) _____
☐ City System (Provider) _____
Gas: ☐ No ☐ Yes: (Provider) _____
Cable: ☐ No ☐ Yes: (Provider) _____
Phone: ☐ No ☐ Yes: (Provider) _____
Irrigation: ☐ No ☐ Private ☐ District: (Provider) _____
5. **Present use of property:** _____
6. **What is the proposed use?** _____

7. **Describe land uses of surrounding properties:** _____

8. **Permit is requested to care for** _____ **number of children.**
a) Will this care be provided for less than 24 hours a day? ☐ Yes ☐ No
9. **Applicant has obtained the following permits and/or approvals:** (attach copies)
a) Benton Franklin Health District: ☐ Yes ☐ No
b) Washington State DSHS: ☐ Yes ☐ No
c) State and local Fire Marshal: ☐ Yes ☐ No
d) Municipality (water and sewer): ☐ Yes ☐ No
10. **Total number of employees on the premises at any one time?** _____
The area for loading and unloading children and the location and number of parking spots for employees must be shown on the site map.
a) How many parking spaces will be provided? Existing: ____ Proposed: ____ Surface Type: _____

11. **Proposed days and hours of operation** (including employee hours)?

Days: _____ Hours: _____

12. **Will you have a sign?** ☐ Yes ☐ No

If yes, please answer the following and **attach a drawing** of the proposed signage and indicate location on site map.

- a) Height of sign(s)? _____
- b) Dimensions of sign(s)? _____
- c) Location of sign(s)? _____
- d) Will the sign(s) be illuminated? ☐ Yes ☐ No

13. **Is the area proposed for outdoor play fenced?** ☐ Yes (If yes, please show on site plan map) ☐ No

- a) Height of existing or proposed fence? _____

14. **Is only one detached building to be used for the business activity?** ☐ Yes ☐ No

15. **Will the project be conducted entirely inside of a building?** ☐ Yes ☐ No

If no, explain what outdoor activities would occur: _____

16. **What is the total area, including storage that will be used?** _____

17. **Does one of the business proprietors own/lease the property where the business is located?**

- a) ☐ Yes ☐ No

18. **Is there a residence on site?** ☐ Yes ☐ No

- a) Does one of the proprietors live in the residence on site? ☐ Yes ☐ No

19. **How many vehicles will be labeled to identify the business?** _____

20. **What is the name of the access road to the property?** _____

- a) Is the road a: ☐ County Road ☐ State Highway ☐ Private Road
- b) Is the road constructed out of: ☐ Pavement ☐ Gravel

21. **Is any outdoor lighting proposed?** ☐ Yes ☐ No

- a) Where will it be located? _____

22. **Are you proposing any site screening and/or fencing?** ☐ Yes (If yes, please show on site plan map) ☐ No

- a) What type and where will it be located? _____

IF FURTHER EXPLANATION IS NEEDED FOR ANY OF THE QUESTIONS PLEASE ATTACH ADDITIONAL PAGES.

Access: Y N	Application Complete: Y N
Critical Areas: N (For Staff Use Only) Y: _____	Zoning: _____
Reviewed by: _____	Date: _____