



## Child Day Care Facility Type A Information

### What is a Type A Child Day Care Facility?

Child Day Care Facility Type A means a dwelling unit (home) where a childcare provider cares for twelve (12) or fewer children for period of less than 24 hours a day. If you wish to care for more than twelve children or conduct your Child Day Care in a building or structure other than a dwelling unit, you will need to apply for a Child Day Care Facility Type B through the Conditional Use Permit process.

### The Process

After a completed Child Day Care Facility application is submitted, it will be sent out for review to neighboring property owners within 300 feet of the subject property as well as local and State agencies and departments. If the Planning Administrator determines that all of the criteria listed above has been met, s/he will review all the information submitted and the application will either be approved, approved with conditions, or denied. If conditional approval is given, the applicant shall have six (6) months to satisfy the conditions.

### Criteria for Approval

1. The proposed use has received all necessary approvals from Washington State regarding childcare facilities.
2. The proposed use conforms with all applicable ordinances and regulations of Benton County which 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 signs is limited to the parcel on which the approved child day care facility is located. On-street (inside the road right-of-way) sign posting and any sign posting which interferes with the line-of-sight for road intersections are prohibited.
5. The outdoor play area is fenced to a height of not less than four (4) feet.
6. Off-street parking areas shall be provided so as to allow one space for every employee.
7. An off-street parking area shall be designated for the loading and unloading of children.
8. The site for the proposed use shall be landscaped in such a manner to be compatible with surrounding uses.
9. The residential character of an existing residential structure used for a child day care facility must continue, and maintain, the essence of the residential character of the surrounding neighborhood. Any structural or decorative alteration which alters the residential character is not permitted.
10. The facility shall conform to International Fire Code (IFC), state, and local fire standards for fire prevention as now adopted or hereafter amended. Please contact the Building Dept to schedule a special inspection with the Fire Marshal for approval of exits, fire extinguishers, smoke detectors, etc.
11. The facility must comply with International Building Code (IBC) requirements as now adopted or hereafter amended.

### Appeals

Decisions may be appealed to the Benton County Hearings Examiner within fourteen (14) days from the date of decision.

### Expiration

The Child Day Care Permit will be valid as long as the conditions set forth by the Planning Administrator are met.



## CHILD DAY CARE FACILITY TYPE A PERMIT CHECKLIST

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

Applicant

Staff

**Completed Child Day Care Facility Type A 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. *No site plans larger than 11” x 17” and only maps drawn in **black ink** will be accepted.*

**\$120.00** Child Day Care Facility Type A 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** (*if applicable*) from the respective municipality if the property is to be served by a public water and/or sewer system.

■ 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](mailto:dcyf.welcome@dcyf.wa.gov)



## CHILD DAY CARE FACILITY TYPE A 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 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 \_\_\_\_\_ (name of applicant) 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:** \_\_  \_\_ \_\_  \_\_ \_\_  \_\_ \_\_  \_\_ \_\_  \_\_ \_\_  **Acreeage:** \_\_\_\_\_

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. **Describe land uses of surrounding properties:** \_\_\_\_\_  
\_\_\_\_\_

7. **Permit is requested to care for \_\_\_\_\_ number of children.**

a. Will this care be provided for less than 24 hours a day?  Yes  No

8. **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

Any information submitted to the Benton County Planning Division is subject to public records disclosure law for the State of Washington (RCW Chapter 42.17) and all other applicable law that may require the release of the documents to the public.

9. **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.*

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

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

11. **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

12. **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? \_\_\_\_\_

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

*(For Staff Use Only)*      Access: Y                  N    Application Complete: Y                  N

Critical Areas: N                  Y: \_\_\_\_\_    Zoning: \_\_\_\_\_

Reviewed by: \_\_\_\_\_    Date: \_\_\_\_\_

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