

CITY OF FROSTBURG

FAMILY CHILDCARE HOME



DEPARTMENT OF COMMUNITY DEVELOPMENT
CITY HALL
59 E. MAIN STREET, P.O. BOX 440
FROSTBURG, MD 21532

Name of Provider: _____

Address of Family Childcare Home: _____

Phone No. of Family Childcare Home: _____

Is Provider the Property Owner: Yes No

If no, list property owner's name and address: _____

Property Owner's Phone No.: _____

Has Owner approved Provider to establish a family day care? Yes No

DESCRIBE AREA OF DWELLING USED FOR CHILDCARE HOME (BASEMENT, FIRST FLOOR, ETC.):

I understand the City of Frostburg permits Family Childcare Homes as home occupations. I hereby acknowledge that I will comply with all zoning regulations pertaining to Family Childcare Homes, home occupations, and parking and signs for home occupations as required by the City of Frostburg Zoning Ordinance. The Zoning Ordinance is available for my reference online at www.frostburgcity.com and I may contact the City Planner at 301-689-6000 ext. 20 should I have any questions.

Day Care Provider Signature: _____

Date: _____

Approved by Child Care Administration personnel: Yes No

Name: _____

Signature: _____ Date: _____