



Inspections Department  
1 Rev. Dr. Martin Luther King, Jr. Drive  
Willingboro NJ 08046  
Phone # 609-877-2200 Ext. 1214      FAX # 609-877-1278

## **Child Care Center Certificate of Occupancy Application Questionnaire**

Address of Center: \_\_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_

Owner of Site Location: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Childcare Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Childcare Center: \_\_\_\_\_

Has this location been used or is in use as a daycare center?    Yes    No

Will your center serve meals?    Yes    No (If yes, you must contact Burlington County Health Department)

Will you utilize appliances for cooking in unit?      Oven/Microwave

Have you applied to the State for your license for a child care center?    Yes    No (Please submit copy)

How many children (estimate) \_\_\_\_\_ Age Groups \_\_\_\_\_

Total Square Footage of Child Care Area \_\_\_\_\_

Fire Inspection from DFS scheduled? Yes    No (DFS Contact Info (609)663-6132)

Please supply copy of lease or agreement with building owner.

Please submit copy of floor layout of building.

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

Print Name: \_\_\_\_\_ Phone# \_\_\_\_\_