

Adult Family Care Home Application
Maximum 5 Residents

New Application/Change of Application

Permit # 29-51-_____

Facility Name: _____

Owner Name: _____

Mailing Address: _____

Phone Number: _____ **Fax Number:** _____

Email address: _____

Projected capacity: _____

Kitchen: # of Sink Compartments _____ **Dishwasher:** Yes No

Water Service: Public Well **Sewer Service:** Public Septic

Number of Bedrooms: _____ **Number of Bathrooms:** _____

Days Available for inspection between 8:00 am and 4:00 pm: M T W Th F

Information Provided by: _____ **Phone:** _____

Application Fee: \$75

Well sample Fee (if applicable): \$ 20

Approved: Yes No **Health Official:** _____