



**CITY OF ALBUQUERQUE  
ZONING ENFORCEMENT DIVISION  
APPLICATION FOR FAMILY DAYCARE  
HOME OCCUPATION**

**PLEASE TYPE OR PRINT. COMPLETE ALL SECTIONS.**

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE 1: \_\_\_\_\_

PHONE 2: \_\_\_\_\_

FAX: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. How many children, including your own under the age of six, will be provided care at the above location? \_\_\_\_\_  
(NOTE: If this answer is seven or more, a special exception, conditional use approval is required).
2. How many children under the age of six reside at the above location? \_\_\_\_\_
3. Will there be anyone other than yourself providing care for the children?  YES  NO  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Will there be a sign on your property advertising this business?  YES  NO  
If yes, please describe (size, location, illumination): \_\_\_\_\_  
\_\_\_\_\_
5. What is your state tax ID (CRS) number? \_\_\_\_\_

**I UNDERSTAND THAT THE GRANTING OF THIS LICENSE IS DEPENDENT UPON ME ABIDING BY ALL REGULATIONS OF THE COMPREHENSIVE ZONING ORDINANCE (ARTICLE XIV, AND CHAPTER 7 OF THE REVISED ORDINANCES OF ALBUQUERQUE, NEW MEXICO, 1974) AND THAT THE INFORMATION STATED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.**

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPLICANT SIGNATURE

**OFFICIAL USE ONLY**

ZONE: \_\_\_\_\_ MAP: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_