



**CITY OF ROCK SPRINGS  
CHILD CARE CENTER (CCC) OR  
FAMILY CHILD CARE CENTER (FCCC)  
CONDITIONAL USE**

*Planning & Zoning Division  
212 D Street  
Rock Springs WY 82901  
307.352.1540 (phone)  
307.352.1545 (fax)*

**City Use Only:**

Date Received \_\_\_\_\_ File Number: \_\_\_\_\_  
 Approved     Approved with Conditions     Denied  
 Contact the Building Department at (307) 352-1540 for building permit submittal requirements.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Action: \_\_\_\_\_ By: \_\_\_\_\_

\$60.00 Application Fee

**PROPERTY INFORMATION**

**PID:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Legal Description Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Zoning: \_\_\_\_\_ Overlay: \_\_\_\_\_ Floodplain Designation: \_\_\_\_\_

**CONTACT INFORMATION**

Petitioner:                      Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
    Company Name: \_\_\_\_\_  
    Street Address: \_\_\_\_\_  
    City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
    Email Address: \_\_\_\_\_

Property Owner:                Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
    Company Name: \_\_\_\_\_  
    Street Address: \_\_\_\_\_  
    City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
    Email Address: \_\_\_\_\_

**DEFINITIONS**

- Family Child Care Center – A child care facility in which care is provided for a **maximum of fifteen (15) children** for part of a day, which may be in a residential or commercial type structure. (**NOTE:** In the City of Rock Springs, FCCCs shall be permitted only in non-residential structures).
- Child Care Center - Any business operated by a private person, partnership, association or corporation that is operating a business for profit or otherwise, in a building used solely for commercial purposes, where **sixteen (16) or more children** receive care for part of the day.
- Preschool – Pre-Kindergarten instruction provided for children aged 3 years to 5 years and normally conducted for a two-to-four-hour period of time (session), said instruction designed to be preparatory for Kindergarten. [Note: In the city of Rock Springs, preschools may be conducted in a Child Care Center (CCC), Family Child Care Center (FCCC), or Family Child Care Home (FCCH).]

**PLEASE ANSWER THE FOLLOWING ON THE SPACES PROVIDED:**

Please be advised that your application will be reviewed based upon this submittal. Family Child Care Center (FCCC) or Child Care Center (CCC) Conditional Use Permits shall be restricted based upon the answers below, as well as the City's regulations. Should you want to increase the number of sessions, children, days, or hours of operation following approval, an amended application shall be required.

1. Proposed use is (*mark only one*):

- Child Care Only
- Preschool Only
- Child Care / Preschool Combination

2. Maximum number of employees on site at any given time: \_\_\_\_\_

3. Maximum number of children to be cared for on site at any given time: \_\_\_\_\_

4. Number of sessions per day: \_\_\_\_\_

5. If more than one session per day, list the separation time between sessions (ex. 1 hour): \_\_\_\_\_

6. Days and times of sessions (*example: MWF, 9 a.m. - 11 a.m.*): \_\_\_\_\_

\_\_\_\_\_

7. Number of available parking spaces on site: \_\_\_\_\_

**E. SUBMITTAL REQUIREMENTS:**

The following items are required for submitting a complete Family Child Care Center (FCCC) or Child Care Center (CCC) Conditional Use Permit Application, and must be submitted in accordance with the submittal deadlines listed on this application. Applications submitted after the submittal deadlines, as listed, will be postponed until the following month. **An incomplete application will not be reviewed and will be returned to the petitioner.**

- Filing Fee - \$60.00
- 2 – Full-size Site Plan drawings drawn to scale (folded).
- 1 - 11x17 Site Plan drawing drawn to scale (if full-size drawing is larger than 11x17).
- 1 – PDF scanned at full-size of Site Plan drawing (submitted electronically to city\_planner@rswy.net)
- If the FCCC or CCC is proposed for an existing building or property **with other businesses / uses**, provide a parking analysis or breakdown of parking needs for each business / use.
- Building Elevations / Architectural Drawings (to scale), if a new structure is proposed.

**F. SITE PLAN CHECKLIST:**

The following items shall be shown on your site plan (check them off as you consider each one). Failure to include these items could result in delays/denials:

- Project Address
- Location map
- Names and mailing addresses of developer / owner and engineer / architect
- Boundary line of property with all dimensions
- Adjacent streets and street rights-of-way
- Gross square footage of existing and proposed structures, including number of floors
- All paved and unpaved surfaces
- Parking facilities (including handicap parking) – including dimension of parking stalls, aisles, etc.
- Buildings and structures (existing and proposed), including setbacks from property lines for all structures
- Easements (access, utility, drainage, pedestrian, etc.)
- Utilities
- Landscaping
- Exterior signs
- Trash enclosures
- Surface water drainage arrows
- Location of Floodplain and/or Floodway on property, if applicable (separate Floodplain Development Permit Application also required)

**SIGNATURE(S) REQUIRED:**

I acknowledge that I have read and understand this application and the pertinent Family Child Care Center (FCCC) or Child Care Center (CCC) Conditional Use Permit approval regulations of the City of Rock Springs. I further agree that if the permit is approved, I will comply with all pertinent regulations and conditions as set forth by the City of Rock Springs. I also certify that the information provided with this application is true and correct, and false or inaccurate information used by an applicant to secure compliance with the City's Zoning Ordinance shall be reason to deny or revoke any application or permit.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_

Date \_\_\_\_\_



City of Rock Springs, Wyoming

Department of Public Services
212 D Street, Rock Springs, WY 82901
Office [307] 352-1540 • FAX [307] 352-

\*\*\* Local Zoning Approval Receipt \*\*\*

APPLICANT:

Please complete the top portion of this form and have it available at the time of your Building and Fire inspections. You must contact the Chief Building Official and the Fire Inspector at the numbers provided to schedule your inspections. Once signed by the Chief Building Official AND the Fire Inspector, return this form to the City Planner's Office (address listed below). For questions regarding State of Wyoming approval, contact the Facility Licensing Officer, Department of Family Services, at (307) 362-5630.

Applicant's Name: \_\_\_\_\_

Child Care Facility Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

CITY REPRESENTATIVES:

The above-listed provider wishes to have a child care license. The State of Wyoming must have approval from the City of Rock Springs to consider the request. As a City representative, please sign the following area that applies to you if the provider has satisfied your department's requests.

1) BUILDING:

Jeff Tuttle, Chief Building Official
212 'D' Street
Rock Springs, WY 82901
(307) 352-1540

(Signature of Approval)

(Date)

2) FIRE:

Rick Cozad, City Fire Inspector
2117 Hillcrest Drive
Rock Springs, WY 82901
(307) 352-1484

(Signature of Approval)

(Date)

3) ZONING:

Steve Horton, City Planner or Amy Cox, Planning Technician
212 'D' Street
Rock Springs, WY 82901
(307) 352-1540

Planning & Zoning Commission Meeting Date

Max. # Children Permitted at Any Given Time

Max. # Employees Permitted at Any Given Time

(Signature of Approval)

(Date)

After all signatures are received, this form will be forwarded to the State of Wyoming to provide documentation of the City of Rock Springs approval.

STATE OF WYOMING:

Once signed by all representatives listed above, this form serves as the applicant's receipt of "Local Zoning Approval". If you have any questions regarding this approval, please contact the City Planner at the address and phone number listed above.