



**Department of Planning and Development
129 Screven Street
Georgetown, S. C. 29440
Phone: 843-545-3128
Or 843-545-3602
Fax: 843-545-3299**

DAYCARE APPLICATION

Permit Number: _____

Applicant's Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Tax Map Number: _____ Zoning District: _____

Number of Children: _____

I hereby certify and acknowledge that the information provided is true and accurate to the best of my knowledge.

Signature of Applicant: _____

Date: _____

I hereby certify that based on the information provided, the proposed daycare complies with the requirements set forth under the Georgetown county Zoning Ordinance.

Signature of Zoning Administrator: _____

Date: _____