



**SPECIAL USE PERMIT**  
**TO PROVIDE GENERAL HOME DAY CARE**  
 12350 W 87 Street Pky Phone: 913-477-7500  
 Lenexa, KS 66285-4888 Fax: 913-477-7730  
[www.lenexa.com](http://www.lenexa.com)

**ALL APPLICATIONS ARE DUE AT 12:00 NOON ON THE FILING DATE**

New Application       Renewal

**\$350.00**

Appl	
Date:	
Fee	
Paid:	
Case	
No.:	
Meeting	
Date:	

**Applicant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Day Care Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Property Zoning Designation:** \_\_\_\_\_ *(if not known, can be supplied by staff)*

**Name of Subdivision:** \_\_\_\_\_

**Is there a Homes Association for this subdivision?**      Yes       No

**Note:** *If so, do they have any regulations prohibiting in home day care?*

**Total number of children which care will be provided:** \_\_\_\_\_

**Note:** *Day care is limited to providing care for no more than 12 individuals. Total number of children must include the day care provider's children under 16 years of age.*

**Number of providers living in the home:** \_\_\_\_\_ **Number that do not live in the home:** \_\_\_\_\_

**Note:** *The daycare provider shall reside on the premises and have not more than 1 employee that does not reside in the home.*

**Hours of operation:**      Days of week: \_\_\_\_\_      Hours: \_\_\_\_\_

**Where will the outdoor activity area be located?**      Back yard      Side Yard

**Note:** *Outdoor activity areas shall not be located in the required front yard.*

**Provide a plot plan or sketch of the home showing the following:** *(City may have a plot plan on file, please ask.)*

- Location and number of parking and/or drop-off spaces;*
- Location and type of facilities/equipment for the required outdoor activity area;*
- Location, type and height of fencing.*

**Provide a written narrative of the day to day operations / daily schedule to include the following:**

- Describe the daily activities / schedule;*
- Drop of/pick up times;*
- # of all day participants and ages;*
- # of before/after school participants and ages.*

**Have there been conversations with adjacent neighbors to determine whether or not they have objections to this business? Please describe:** \_\_\_\_\_

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**Along with this application, a copy of the State of Kansas License or Application for License must be submitted.**

Application information and accompanying site plans are reviewed by the City staff, which includes representatives from Community Development, Development Engineering, Building Inspection, Fire, and Police.

After reviewing the plans, the City staff prepares staff comments that are e-mailed to the contact person and that subsequently must be addressed and resubmitted by the applicant according to the required schedule. Resubmittals must include a letter addressing all staff comments and questions in writing.

**The following supplementary use standards shall apply to in-home day care:**

[See Section 4-1-B-23 SUPPLEMENTARY USE REGULATIONS](#)

**Duration Of Permits:**

The initial special use permit for general daycare centers that are located in residential or agricultural zoning districts shall be valid for a maximum of 10 years from the date of approval. Internal reviews will be conducted by staff every two years.

A Special Use Permit may be revoked at any time by the Governing Body upon a determination that the business is in violation of the standards of the Section or any other City Code requirement.

I hereby affirm the above statements are true and correct. I have read Lenexa's Home Business Regulations and agree to abide by them and any stipulations added below. I hereby certify that the location (address) of the proposed home business (as noted above) is used as my permanent and primary residence. I understand that false information or violation of any stipulation could result in revocation of the permit / license.

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

Date: \_\_\_\_\_ Property Owner : \_\_\_\_\_  
Signature