



RIVERSIDE COUNTY  
PLANNING DEPARTMENT

Charissa Leach, P.E.  
Assistant TLMA Director

APPLICATION FOR LARGE FAMILY  
CARE HOME PERMIT

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

**APPLICATION INFORMATION**

Applicant Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP

Daytime Phone No: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP

Check this box if additional persons or entities have an ownership interest in the subject property(ies) in addition to that indicated above; and attach a separate sheet that references the subdivision type and number and list those names, mailing addresses, phone and fax numbers, and email addresses; and provide signatures of those persons or entities having an interest in the real property(ies) involved in this application.

The Planning Department will primarily direct communications regarding this application to the person identified above as the Applicant. The Applicant may be the property owner, representative, or other assigned agent.

**APPLICANT'S STATEMENT:**

I/We certify that I/we, the applicant for this proposed Large Family Care Home, reside in the home where the child care home will be conducted.

Riverside Office · 4080 Lemon Street, 12th Floor  
P.O. Box 1409, Riverside, California 92502-1409  
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 77-588 El Duna Court, Suite H  
Palm Desert, California 92211  
(760) 863-8277 · Fax (760) 863-7555

*"Planning Our Future... Preserving Our Past"*

**APPLICATION FOR LARGE FAMILY CARE HOME PERMIT**

\_\_\_\_\_  
*PRINTED NAME OF APPLICANT*

\_\_\_\_\_  
*SIGNATURE OF APPLICANT*

\_\_\_\_\_  
*PRINTED NAME OF APPLICANT*

\_\_\_\_\_  
*SIGNATURE OF APPLICANT*

**AUTHORITY FOR THIS APPLICATION IS HEREBY GIVEN:**

I certify that I am/we are the record owner(s) or authorized agent, and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

(If an authorized agent signs, the agent must submit a letter signed by the owner(s) indicating authority to sign on the owner(s)'s behalf, and if this application is submitted electronically, the "wet-signed" signatures must be submitted to the Planning Department after submittal but before the subdivision is ready for public hearing.)

\_\_\_\_\_  
*PRINTED NAME OF PROPERTY OWNER(S)*

\_\_\_\_\_  
*SIGNATURE OF PROPERTY OWNER(S)*

\_\_\_\_\_  
*PRINTED NAME OF PROPERTY OWNER(S)*

\_\_\_\_\_  
*SIGNATURE OF PROPERTY OWNER(S)*

**PROPERTY INFORMATION:**

Assessor's Parcel Number(s): \_\_\_\_\_

Approximate Gross Acreage or Square Footage: \_\_\_\_\_

General location (nearby or cross streets): North of \_\_\_\_\_, South of \_\_\_\_\_, East of \_\_\_\_\_, West of \_\_\_\_\_.

Proposal (describe the project, indicate the maximum number of children to be cared for, and the days and hours of operation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This completed application form, together with all of the listed requirements provided on the Large Family Care Home Permit Application Filing Instructions Handout, are required in order to file an application with the County of Riverside Planning Department.**